



# Baseline Report: Standard Days Method Introduction in the Ranchi district of Jharkand, India: Impact Study Results

## **Authors:**

TNS Mode

Rebecka Lundgren, IRH

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Georgetown University

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Support for the United States Agency for International Development (USAID) enables the Institute to assist a variety of international institutions, both public and private, to introduce and expand SDM services.

The Institute offers technical assistance and support to organizations and programs interested in providing the method. For more information, please contact us at [irhinfo@georgetown.edu](mailto:irhinfo@georgetown.edu) or visit our website, [www.irh.org](http://www.irh.org).

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Finally, we would like to thank the CARE field staff and community volunteers who were willing to test integration of a new family planning method into their services, thus contributing to an expansion of birth spacing methods for Indian couples. We would also like to thank the men and women of Sitapur who graciously shared their experiences and opinions with us.

## **EXECUTIVE SUMMARY**

CEDPA has incorporated the Standard Days Method of family planning into the technical assistance package it has provided to the corporate-run NGO, Krishi Gram Vikas Kendra (KGVK), which is located in the state of Jharkhand. In addition, the Institute for Reproductive Health, with assistance from CARE and CASP, has provided Pathfinder/India with both training and technical assistance to help integrate the method into their family planning programs in Bihar, Jharkhand, and New Delhi.

Jharkhand has been selected as the site for the SDM Impact Study in India. The public sector has expressed interest in providing the SDM, as have various NGOs. In addition, current IRH partners, including CEDPA, CARE, and PSI, are already working in the area. Jharkhand has a population of 27 million, of which 27 percent are tribal communities and 20 percent represent an urban population. Only 25 percent of married women of reproductive age (MWRA) currently use a modern method of family planning. Due to this, amongst other factors, Jharkhand is an ideal setting for the study.

Integrating the SDM into the basket of services being offered is consistent with the government's vision of expanding options, promoting informed choice and involving men in family planning through community-based initiatives. The Jharkhand government's mission statement declares, "The State is committed to achieving replacement level fertility and, thereafter, population stabilization by promoting informed choice; widening the contraceptive choices available; empowering communities and women; involving all stakeholders from the public, private, NGO, organized and cooperative sectors; and encouraging use of modern family planning, particularly spacing methods". The Impact Study will involve providers within the Ormanjhi, Kanke, and Burmu blocks in the Ranchi district of Jharkhand. The Kanke and Burmu blocks encompass public and private sector family planning providers. Currently, there are no family planning services offered by NGOs.

A non-equivalent control group design with pre-test and post-test will be implemented. The three blocks that have been selected for the study will be evaluated at the baseline; an intervention will be implemented in some blocks; all three blocks will be evaluated at the end of the study to

determine if changes have occurred. The Burmu block will serve as the control. Introduction of the SDM will occur in the Kanke block, while scaling-up of the method will occur in Ormanjhi. Before this study was implemented, KGVK, which is located in Ranchi, hired the services of TNS MODE to conduct the baseline survey. KGVK will later conduct the interventions in the remaining study areas.

A two-stage sampling methodology was adopted for selection of respondents. Respondents are MWRA from between fifteen to forty nine years of age and their husbands. In the first stage, villages were selected from each block; during the second stage, a selection of households from within each of the selected villages was chosen. In the selected households, all eligible women, including visitors who had been staying in the household for the last 15 days, were interviewed. Husbands were also interviewed in approximately one half of the selected households. The field work was carried out from 13<sup>th</sup> December, 2004 to 31<sup>st</sup> December, 2004.

**This report pertains to the baseline survey conducted by TNS MODE. The main findings of the survey follow:**

- In all, 1,793 currently married women age 15-49 years and 1,058 husbands of these women were interviewed across three blocks (Burmu, Kanke and Ormanjhi) in the Ranchi district of Jharkand. The average age of the women was 30 years of age and was 35 years of age for men. Most women (43%) were in their twenties and in their peak fertility years, while most men were in their thirties.
- About three-fourths of the women and two-fifths of the men were illiterate. Only 6 percent of the women and 16 percent of the men completed high school.
- About 47 percent of the women were housewives not working outside the home, followed by those who were engaged in agriculture (31%) or work as laborers (17%). Among men, most were engaged in agriculture (52%), followed by laborers (32%). A vast majority of men who were engaged in agriculture, have their own land (91%) or family land (3%) for cultivation.
- Most men (82%) receive their income in cash (55%) or in cash and kind (27%). About 65 percent reported that all their household expenditures were met through their earnings.
- Most of the respondents were Hindus (83%), with an additional 11-12 percent originating from Muslim communities.
- About 87-89 percent of respondents belong to scheduled tribe communities (46% women & 52% men) or some OBC (41% women and 37% men).

- About 62 percent of the women and 26 percent of the men report they do not read newspapers or magazines at all. About half of the women and a quarter of the men do not have any exposure to radio, while 60 percent of women and 38 percent of men watch no TV. These facts highlight the difficulty in diffusing information on health and family planning through mass media in this area.
- About 27 percent of women reported giving birth to five or more children. On average, parity is 3.7. The women reported 3.1 living children on average, showing a child survival rate of 84 percent (i.e. out of 100 children ever born, 84 were alive at the time of survey).
- The mean number of children ever born to women aged 45-49 was 5.5. These women reported 4.3 living children at the time of survey.
- Only about 8 percent reported no children. This low level of childlessness is probably an indication of the relative absence of primary sterility in the population in the area.
- Contraceptive knowledge was nearly universal in the area, with all female respondents and 99 percent of male respondents reporting knowledge of any family planning method. Knowledge of female sterilization was nearly universal, with 98 percent of women and 97 percent of the men aware of the option. In comparison, male sterilization was much less familiar to women, only 70 percent of the women were aware of the method, as opposed to 82 percent of men. The most well-known spacing methods are the pill, condom and IUD (84, 63 and 55 %, respectively). About half of women were aware of traditional methods, such as: withdrawal, rhythm/fertility awareness method and LAM.
- More than two-thirds of the respondents (69% women and 72% men) knew where to obtain a contraceptive method. Among these respondents, 91 percent of women and 83 percent of men mentioned at least one public source, while two-fifths of the respondents (both women & men) knew of at least one private source for where to obtain contraceptives.
- Only 3 percent of the women and 8 percent of those men who knew where to obtain a method of family planning also knew where to get information about natural family planning. Government hospitals, friends/relatives and private hospitals or clinics were the main sources for obtaining information on natural family planning.
- Contraceptive prevalence is quite high in the study area, with 62 percent of married women practicing family planning; 47 percent report using modern methods, while another 15 percent report the use of traditional methods (14%). Female sterilization is the most popular option in the area and as in all India states; it is used by 38 percent of married women. The same pattern of contraceptive use was reported by men.
- As many as 52 percent of women and 69 percent of men report understanding when during the menstrual cycle a woman has a greater chance of becoming pregnant, also known as a woman's fertile days. Fifteen percent of women and 26 percent of men consider the halfway point between a woman's two cycles as when a woman has a greater chance of becoming



pregnant. As many as 34 percent of women and 39 percent of men reported the days following a woman's menstruation as her fertile days.

- Only 4 percent of female users and 15 percent of male users reported that they were informed of other methods of family planning when they received their current family planning method.
- Only one out of 10 women using a method was informed of the potential side effects or problems they might face after initiating use. Among these women, only 53 percent were told what they should do in case of side effects or problems.
- The majority of both female and male respondents (82 and 87 percent, respectively) approve of using family planning; these respondents also perceive their spouses/partners to be about equally favorable towards family planning use.
- About two-thirds of women and 69 percent of men want to wait at least two years before the birth of their next child. Thirty percent of women and 25 percent of men expressed their desire to have another child within the near future (i.e. within the next 2 years)
- Eighty-seven percent of women and 82 percent of men reported that two-to-four as being their ideal number of children. On average, respondents considered three children ideal.
- Two-thirds of female and three-fourths of male respondents felt their spouses/partners desired the same number of children as they do.
- Seventy-five percent of women and 70 percent of men who are not currently using a method of family planning intend to begin using a method in the future. The preferred method of choice is female sterilization, followed by the pill and condom. No respondents mentioned the SDM as their preferred method of family planning.
- Overall, about forty percent of both female and male respondents do not intend to use a method of family planning due to concerns about future fertility. An additional 17 percent of women and 14 percent of men reported that contraceptive use is against either their or their spouses/partners' religion or that they or their spouse/partner is against the use of family planning. Twenty-two percent of women and 11 percent of men reported health concerns as the reason for not adopting a method, while 6 percent of women and 2 percent of men stated that they do not intend to use a method of contraception due to lack of knowledge. This illustrates the potential of family planning programs in increasing contraceptive use through providing proper and timely information to the couples in the area.
- Only two percent of female and male respondents had heard of the SDM, while an additional two percent reported hearing of the method after probing.
- Only 11 percent of female and male respondents were visited by a health and/or family planning worker during the past 12 months. Only 10 percent of women and 17 percent of men who had visited a health facility during the past 12 months (either for themselves or for

their child's health care) received family planning counseling by a staff member at the facility. This information indicates that dissemination of information by health staff is very poor in the area.

- Although exposure to mass media is limited in the area, it seems to have played a role in help to spread messages about family planning.
- About one-third of women and one-fourth of men have discussed family planning use with someone during the past few months. Most women (76%) have reportedly discussed use with their husbands/partners, while 80 percent of men have discussed it with their friends or neighbors.
- When asked whether or not they have discussed family planning with their spouses/partners in the past 12 months, over half of both female and male respondents admit to never having discussed family planning with their spouses/partners.
- Only 5 percent of women and 8 percent of men reported condom use during their last sexual encounter. Only one-fourth of the women knew where they could obtain a condom. Known sources of condoms include: store (47%), government health center (26%) and pharmacies (23%). About 37 percent of women felt comfortable acquiring condoms and 15 percent said they could get a condom if they wanted to.
- Men who reported using a condom during their last sexual encounter said they did so to prevent pregnancy (89%) or to prevent both STD/HIV and pregnancy (11%). About two-thirds of these men felt the use of a condom protects both partners from contracting an STI.
- Most respondents (both female and male) stated that both husband and wife have an equal say in who will make a decision regarding "large household purchases", "when to visit family, friends or relatives" or "what to do with money the wife earns". Most respondents (63% women and 35% men) also stated that the wife has a greater say in "making small, daily household purchases".
- Fifty-one percent of female respondents and 88 percent of male respondents felt the husband is not justified in hitting or beating his wife if she "goes out without telling her husband", "neglects children", "argues with her husband", "refuses to have sex with her husband" or "burns the food". This data is encouraging in that significantly more men than women feel that spousal violence is not justified in these situations.
- About two-thirds of women and 45 percent of men agree that both the husband and wife should jointly decide how to use money earned by the couple.
- Sixty-nine percent of female respondents and 91 percent of male respondents believe the wife is justified in refusing sex with her husband if she "is tired and not in the mood to have sex", "has recently given birth", "knows her husband has sex with other woman", "knows her husband has a sexually transmitted disease" or she "is on a fertile day". Again, this data is

significant since more men than women supported the wife's right to refuse to have sex with their husband in these situations.

- Sixty-two percent of women and 94 percent of men think the husband has no right to “get angry and reprimand his wife”, “refuse to give money or other means of financial support to his wife”, “use force and have sex with his wife” or “go and have sex with another woman”, if his wife refuses to have sex with him.
- When asked whether the wife is justified in asking her husband to use a condom if she knows that her husband has a sexually transmitted disease, 61 percent of women and 80 percent of the men agreed that a woman is justified.
- Most respondents (70% women and 74% men), report that both wife and husband have jointly agreed in using their current method of family planning.
- When asked who has a greater say in deciding the number of children a couple should have and when to have them, 88 percent of women and 83 percent of men believe that both the wife and husband have an equal say.
- HIV/AIDS awareness is fairly high in the area; 59 percent of men have heard of the virus and almost all knew of at least one preventative measure to avoid contracting the virus. Seventy percent of these men report the “use of a condom” as a preventive measure and 86 percent believe chances of contracting the virus are lower if they have only one partner.

## **ABBREVIATIONS**

<b>SDM:</b>	Standard Days Method
<b>NGO:</b>	Non-Governmental Organization
<b>MWRA:</b>	Married Women of Reproductive Age
<b>IUD:</b>	Intra Uterine Device
<b>CEDPA:</b>	Center for Development and Population Activities
<b>PSI:</b>	Population Services International
<b>CASP:</b>	Community Aid and Sponsorship Program
<b>KGVK:</b>	Krishi Gram Vikas Kendra
<b>IRH:</b>	Institute for Reproductive Health
<b>FP:</b>	Family Planning
<b>H&amp; F.P.W:</b>	Health and Family Planning Worker
<b>SC:</b>	Schedule Castes
<b>ST:</b>	Schedule Tribes
<b>STD/STI:</b>	Sexually Transmitted Disease/Sexually Transmitted Infection
<b>OBC:</b>	Other Backward Class
<b>LAM:</b>	Lactational Amenorrhea Method
<b>HIV:</b>	Human Immunodeficiency Virus
<b>AIDS:</b>	Acquired Immune Deficiency Syndrome
<b>RCH:</b>	Reproductive and Child Health
<b>IEC:</b>	Information, Education and Communication
<b>PHC:</b>	Primary Health Care

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# **CHAPTER 1**

## **INTRODUCTION**

### **1.1 THE STANDARD DAYS METHOD (SDM)**

The SDM is a fertility awareness-based method developed and tested by the Institute for Reproductive Health (IRH) at Georgetown University that is appropriate for women with regular menstrual cycles between 26 and 32 days long. It identifies days 8 to 19 of the menstrual cycle as the “fertile window”, i.e., the days when pregnancy is very likely. To prevent pregnancy, the couple avoids unprotected intercourse during the 12-days fertile window. Most women who use the SDM find that CycleBeads, a visual aid that represents the menstrual cycle, are helpful for learning and using the method. CycleBeads, a color-coded string of beads representing the menstrual cycle, help a woman know which day of her cycle she is on, and identify whether she is on a day when she is likely to get pregnant.

The efficacy rates of the SDM are comparable to those of male condoms and better than those of other barrier methods. The method is attracting men and women who have never before used family planning. For example, almost 60 percent of the method acceptors in rural India reported that they were new to family planning. Other users had been using fertility-awareness methods incorrectly. Women who had discontinued hormonal and other methods due to side effects were also attracted to the SDM.

### **1.2 THE SDM PROJECT**

The Institute for Reproductive Health has been collaborating in India, with CEDPA, PSI, TNS-MODE, and the Community Aid and Sponsorship Program (CASP) to introduce the SDM in a community-based health program in Sangam Vihar, an urban slum in New Delhi, for almost two years. CASP provides a full range of family planning methods including the injectable at the community level and added the SDM into this basket of contraceptive options. During the enrolment phase of the study, CASP provided the method to 283 couples.



CARE/India will soon complete an operations research study testing the introduction of the SDM into a community-based reproductive health program in 54 rural villages of the Sitapur district, Uttar Pradesh. During the enrollment phase of the study, 53 female volunteers and 25 male volunteers provided the method to 483 couples.

CEDPA has also incorporated the SDM into the technical assistance package it is providing to a corporate NGO—KGVK, in the state of Jharkhand. Also, IRH, with assistance from CARE and CASP, has provided training and technical assistance to Pathfinder/India, which is now in the process of integrating the method into its programs in Bihar, Jharkhand, and New Delhi.

The site selected for the SDM Project in India is the state of Jharkhand. The public sector has expressed interest, as have various NGOs. In addition, current IRH partners, CEDPA, CARE, and PSI are working there. Jharkhand has a population of 27 million, of which 27 percent are tribal communities and 20 percent represent urban population. Only 25 percent of the MWRA in union use any modern method of family planning. Jharkhand is an ideal setting for the study because integrating the SDM is consistent with the government's vision of expanding options, promoting informed choice and involving men in family planning through community-based initiatives. The Jharkhand government's mission statement states, "The State is committed to achieving replacement level fertility and, thereafter, population stabilization by promoting informed choice; widening the contraceptive choices available; empowering communities and women; involving all stakeholders from the public, private, NGO, organized and cooperative sectors; and encouraging use of modern family planning, particularly spacing methods".

The Project will involve providers within the Ormanjhi, Kanke, and Burmu blocks of the Ranchi district in the state of Jharkhand. Kanke and Burmu encompass public and private sector family planning providers, with no NGO family planning services.

### **1.3 RESEARCH QUESTIONS**

For development and introduction of the SDM on a large scale in delivery systems and communities, the project is looking for answers to the practical questions pertaining to scaling up of the method:

## **Providers**

- Will providers adequately offer the SDM under typical service delivery circumstances? That is, will they present SDM with enough detail to attract users and will they offer acceptors all the information needed to use the method effectively?
- Will providers neutrally present the SDM along with established contraceptives as they counsel clients?

## **Clients/Community**

- Will clients choose SDM in proportions that are similar to or greater than those seen in SDM pilot studies?
- Will the total number of new family planning users increase in service delivery systems?
- Will awareness of the SDM as a contraceptive option increase among Married Women of Reproductive Age (MWRA)?
- Will MWRA enhance their knowledge of the fertility cycle?
- Will MWRA have positive attitudes toward the SDM? Awareness will not lead toward acceptance if women perceive the method as difficult to use and/or use and/or their partners are reluctant to use it.
- Will the prevalence of SDM use significantly increase at the community level?
- Will the prevalence of family planning significantly increase at the community level?
- Will adult men show awareness and positive attitudes toward SDM?
- Will the expected outcomes be achieved regardless of the structure of service delivery and program maturity, e.g., in public sector settings as well as in combined public and NGO service delivery with a history of prior interventions?

## **Cost –benefit**

- What is the marginal cost of adding the SDM to existing family planning services? What is the cost per SDM user vs. oral contraceptive user?

## **1.4 STUDY OBJECTIVES**

The Project is expected to provide answers to the questions mentioned above. The Project will test the effects of scaling-up interventions to insert SDM in service delivery systems and make communities aware of it as a contraceptive option. The specific objectives are as follows:

- Objective 1:** Test the effects on provider behavior of scaling-up SDM in service delivery systems
- Objective 2:** Test the effects on client behavior of scaling-up SDM in service delivery systems
- Objective 3:** Test the effects on community perceptions, attitudes, and behaviors of expanding SDM as a contraceptive option in targeted communities
- Objective 4:** Compare the effectiveness of introducing SDM in public sector settings versus combined public and NGO service delivery with a history of prior interventions
- Objective 5:** Assess the cost of adding the provision of SDM in ongoing service delivery settings. Compare the cost of SDM vs. oral contraceptive user

## 1.5 STUDY HYPOTHESES

The Project hypotheses posit that, as a result of the intervention,

- Hypothesis 1:** Providers will adequately inform the client about SDM in pre-assessment as well as post-choice phases of counseling.
- Hypothesis 2:** Providers will neutrally present SDM along with established contraceptives in the choice phase of counseling.
- Hypothesis 3:** Clients will choose SDM in proportions that are similar or greater than those seen in SDM pilot studies.
- Hypothesis 4:** The total number of users of family planning will increase in service delivery systems.
- Hypothesis 5:** Married women of reproductive age (MWRA) will increase their awareness of SDM as a contraceptive option.
- Hypothesis 6:** MWRA will enhance their knowledge of the fertility cycle.
- Hypothesis 7:** MWRA will develop positive attitudes toward SDM
- Hypothesis 8:** The prevalence of SDM use will significantly increase at community level.
- Hypothesis 9:** The prevalence of family planning will significantly increase at community level.
- Hypothesis 10:** Adult men will show awareness and positive attitudes toward SDM.
- Hypothesis 11:** Similarly positive study outcomes will follow the introduction of SDM in public sector settings and combined public and NGO service delivery with a history of prior interventions.

## **1.6 STUDY DESIGN**

A non-equivalent control group design with pre-test and post-test will be implemented. That is, the three blocks selected for this study will be evaluated at the baseline, an intervention will be implemented in some of the blocks, and the three blocks will receive an evaluation, thereafter, to determine the existence of changes. The Burmu block will serve as control while the SDM will be introduced in the Kanke block and scaled-up in Ormanjhi.

Hypotheses 1 through 10 will be tested by means of the comparison between Burmu and Kanke. Hypothesis 11 will be tested by means of the comparison between Kanke and Ormanjhi.

## **1.7 SURVEYS**

As an integral part of the programme, such initiatives need to be evaluated to assess the impact / benefit against the investment or impact of intervention. To facilitate this evaluation, a benchmark is being set up today so that impact in the future can be gauged against this.

Against this backdrop, before implementing this operation research project, Krishi Gram Vikas Kendra (KGVK), Ranchi had hired the services of TNS MODE for conducting baseline and endline surveys for the project. The interventions in the Project area will be conducted by KGVK. This report pertains to the baseline survey conducted by TNS MODE and provides benchmark data. The findings of this survey will be utilised to assess the impact of the KGVK interventions carried out in the area under the project in the endline survey. The endline survey will provide answers of all the research questions

## **1.8 SAMPLING METHODOLOGY**

### ***1.8.1 Sampling Methodology***

A two stage sampling methodology was adopted for selection of respondents. Here our respondents are married women in the reproductive ages of 15-49 years and their husbands. At the first stage, villages were selected from each block and selection of households in each of the selected villages was done at the second stage. The following procedure was adopted in their selection.

### **Selection of blocks**

The whole Ormanjhi, Kanke and Burmu blocks of the district, Ranchi have been taken as the sampling frame for the community survey. An adjusted sampling frame has been obtained by excluding the villages served by the MOH sub centers that are not part of the 89 targeted facilities.

### **Selection of villages**

The sub-centre wise lists of villages in each of the blocks were provided by the KGVK. The sub-centre villages were excluded from these lists to have final sampling frames to draw a sample of villages from each block. Two villages from each sub-centre area were selected through probability proportional to size of the villages. Thus, 56, 62 and 68 villages were selected from Burmu, Ormanjhi and Kanke block respectively for the community survey Annexure 1 provides the block wise lists of the selected villages.

### **Selection of households**

***Household listing:*** For selection of households in the selected villages, the complete household listing was carried out in all the selected villages under the baseline survey. For this purpose, a household listing format (Annexure 2) was prepared. The format included information on structure number, household number in the structure, name of the head of the household, names of the women age 15-49 years including the visitor women who had been staying in the household for the last 15 nights, current age and marital status of these women and name of their husbands. The households having any eligible married woman including visitor woman who had been staying in the household for the last 15 nights were circled in the last column of the format. These circled households were used as sampling frames to draw the required number of households in each of the selected villages.

By adopting a systematic random sampling technique, the required number of households was selected from each of the selected villages. In each of the blocks, 570 women and 285 men are to be covered as per proposed coverage by the client. On the basis of all India estimate of 1.1 married women in the reproductive ages per household, it was decided to select 570 households in each block to arrive at these number of women in the block. These numbers of households to

be covered in a block were equally divided over the selected villages in the block to arrive at the required number of households to be covered in each of the selected villages. In the selected households, all the eligible women including visitor women, if any, were interviewed under the community survey. In approximately half of the selected households, husbands were also interviewed.

The household listings in the selected villages were done by the same field teams who were recruited for the main community survey. For this, team members were provided training for ½ day by explaining each and every item of the household listing format on the 1<sup>st</sup> day of the training on 29<sup>th</sup> November, 2004. The house holding listing in all the selected villages was done during the period from 3<sup>rd</sup> December to 12<sup>th</sup> December, 2004.

### 1.8.2 Sample coverage

Block wise number of respondents (women and men) interviewed under the community survey against the proposed ones is given below in Table 1.1.

**Table 1.1: Proposed and covered samples**

Block	Proposed samples			Covered samples		
	Villages	Women	Men	Villages	Women	Men
Burmu	46	570	285	56	600	366
Kanke	68	570	285	68	618	336
Ormanjhi	64	570	285	62	575	356
<b>Total</b>	<b>178</b>	<b>1710</b>	<b>855</b>	<b>186</b>	<b>1793</b>	<b>1058</b>

## 1.9 SURVEY QUESTIONNAIRES

Two questionnaires were used in this survey, the women's questionnaire, and the men's questionnaire. These questionnaires were provided by CEDPA. They were translated into Hindi by officials of TNS MODE, having rich experience of translating the questionnaires. Thus, both the questionnaires were bilingual, both in English and Hindi (Annexure 3). The women's questionnaire collected information on the following:

**Background characteristics:** Questions on age, education, employment status, religion and caste were included in order to provide information characteristics likely to influence women's behavior. In addition, the women were asked about her husband or partner. These questions

included information on age, education, employment status, as well as the woman's attitude toward gender roles.

***Reproductive behavior and intentions:*** Data were collected on the number of children, current pregnancy status and future child bearing intentions.

***Knowledge and use of contraception:*** Questions were designed to determine knowledge and use of specific family planning methods, including the Standard Days Method (SDM). Women who were not using family planning were asked their intentions for future use.

***Availability of family planning:*** Questions were included to determine where a user obtained her family planning method and whether non-users knew of places to get family planning methods.

The men's questionnaire collected information on most of the items listed above under the women's questionnaire. In addition, in the men's questionnaires, few questions were added to assess their knowledge about AIDS and its preventive measures.

## **1.10 RECRUITMENT AND TRAINING OF FIELD STAFF**

In all, 6 teams were raised for the house listing and the baseline survey. Each team comprised of 2 male and 4 female interviewers and one supervisor. Thus, 36 interviewers and 6 supervisors were recruited for the baseline survey (Annexure 4). Most of these interviewers and supervisors have rich experience in conducting such types of surveys. Out of 6 supervisors, 5 were males and one was female. Most of them were graduates and only 8 of them had passed higher secondary examination.

Irrespective of the earlier experience they had, all the interviewers and supervisors were imparted 4 days training at Ranchi. The researchers and the senior field executives of TNS MODE imparted this training from 29<sup>th</sup> November to 2<sup>nd</sup> December, 2004. The training included 2 days class room learning of the questionnaires on 29<sup>th</sup> and 30<sup>th</sup> November, one day for mock interviewers on 1<sup>st</sup> December and one day for field practice and debriefing on the gaps observed in scrutiny of the filled in questionnaires during field practice in the forenoon of 2<sup>nd</sup> December,

2004. Interviewers and supervisors were oriented to subject knowledge, interviewing techniques, filling up questions, coding, skip pattern, field procedures etc.

Field supervisors received additional training to learn how to conduct consistency checks and assess data for accuracy monitoring procedure, back check in the field and preparation of the assignment sheet on daily basis for each interviewer in his/her team. Actual field work commenced only when the interviewers and supervisors were trained to the satisfaction of the researchers and senior field executives who provided the training. The officials of Krishi Gram Vikas Kendra (KGVK) also participated during the training sessions carried out by TNS MODE at Ranchi. The field work was carried out from 13<sup>th</sup> December, 2004 to 31<sup>st</sup> December, 2004.

The following three manuals were provided by CEDPA:

- i) Interviewer's manual – Women's questionnaire
- ii) Interviewer's manual – Men's questionnaires
- iii) Supervisor's manual – Women's and Men's questionnaire

The required number of copies of these manuals were photocopied and a copy of each manual was given to the team members. The field team members were instructed to always keep the copy of the manual in the field during data collection and refer to it in case of any misunderstanding of the questions arises while collecting data in the field.

### **1.11 QUALITY ASSURANCE OF DATA**

In order to ensure good, quality data, continuous and close monitoring was conducted. Three layers of supervision were put in place:

**1<sup>st</sup> layer:** There was a supervisor with every field team. Twenty percent of all the completed questionnaires were back-checked by the supervisors.

**2<sup>nd</sup> layer:** There was a field executive to monitor and supervise the field teams and checking the quality of data at the spot as well as back-checking of 5 percent of the questionnaires.



**3<sup>rd</sup> layer:** One researcher was involved in over-seeing the progress and quality of work. He also made supervisory visits to the field. All the gaps observed were individually attended to by taking corrective measures

Revisits were planned in villages where the teams could not complete the assigned samples. In such cases at least three visits were made to complete them.

## **1.12 FIELD CONSTRAINTS**

Every survey is subject to a variety of field problems, which cannot be fully anticipated and this survey is not an exception. The major problems encountered by the field teams in carrying out this survey are listed below. All teams were provided with vehicles in the field to visit the selected villages in the blocks of the district. However, some of the teams experienced difficulty in reaching villages due to absence of proper approachable roads.

Some of the selected villages have a number of tolas. Most of these tolas within the village are not connected by road and they are 3 to four kilometers away from each other. The field teams had to cover such tolas on foot only.

Most of the respondents (both women and men) are engaged in agricultural related or labor activities. So, they were not available during day time. Special efforts were made to cover them either early in the morning before 8 AM or late in the evening after 6 P.M.

## **1.13 DATA PROCESSING AND TABULATION**

All the completed questionnaires were brought to our headquarters in Delhi for data processing. The process consisted of office editing of questionnaires, data entry, data cleaning and tabulation. The completed questionnaires were edited by our office editors before sending for data entry. The data entry was done by using the software package provided by the client. Data cleaning included validation, range and consistency checks.

Keeping the objectives of the study in mind, tabulation plans for both women's and men's questionnaires were prepared and given to the Data Processing unit of TNS MODE for generating tables. All the tables were generated for each block and then for all the three block

combined together by using SPSS package. Further, all the final tables were prepared for inclusion in the report. The findings of three blocks combined together have been presented in the report. Wherever, we found differentials across three blocks, they have been highlighted in the write-up.

## CHAPTER 2

### PROFILE OF RESPONDENTS

#### 2.1 BACKGROUND

In all, 1793 currently married women aged 15-49 years and 1058 men (husbands of these women) across three blocks of Ranchi, Jharkhand were contacted and interviewed under the study. This chapter provides their profile in terms of age, educational attainment and occupation and religion & caste to which they belong. Their exposure to mass media has also been discussed in this chapter. Backgrounds characteristics of husbands as provided by their wives have also been discussed in this chapter.

#### 2.2 PROFILE

**Age:** About 43 percent of the women were from the peak fertility years of 20-29, while six percent were below 20 years and 18 percent had crossed 40 years. Their average age was around 30 years (Table 2.1). This age pattern was similar across three blocks.

Among men, about 37 percent were in their thirties, 29 percent in their twenties and one third of them had crossed 40 years. Their average age was around 35 years. Thus, they were older by 5 years than their female counterparts (Table 2.1). The age pattern of men was more or less the same across three blocks under study.

**Table 2.1 : Percentage distribution of respondents by age**

Age group (in years)	Women	Men
15-19	6.4	1.5
20-24	20.4	11.4
25-29	22.5	17.4
30-34	19.1	18.0
35-39	13.8	19.3
40-44	8.9	12.9
45-49	8.8	9.3
50-54	-	5.7
55-59	-	2.7
60+	-	1.9
Average age	30.2	35.3
Total respondents	1789*	1058

\* Four women did not respond

**Educational Attainment:** Around three-quarters of women were illiterate and 4 percent were just literate and acquired education less than primary standard, while 9 percent had passed primary standard and about 6 percent had completed at least high school education. Around two-fifths of the men were illiterate and 12 percent just literate and acquired some education standard below primary, while 14 percent passed primary standard and 16 percent had completed at least high school education (Table 2.2). More or less the same pattern was noticed with regard to educational attainment across three blocks.

**Table 2.2: Percentage distribution of respondents by educational attainment**

<b>Educational status</b>	<b>Women</b>	<b>Men</b>
Illiterate	75.0	41.1
Literate <primary complete	4.1	12.1
Primary complete	9.0	14.4
Middle school complete	6.3	16.6
High school complete	3.9	9.7
Higher secondary and above	1.7	6.1
<b>Total respondents</b>	<b>1793</b>	<b>1058</b>

**Occupation:** Table 2.3 shows the distribution of respondents by their work status. Here the work includes any kind of job for which he/she is paid in cash or in kind as well as unpaid work on a family farm or business. About 47 percent of the women were not working and they were housewives. Around one-third of the women were engaged in agriculture related activities, followed by those who were doing some labour work (17%). However, 3 percent were busy in sale related activities and 2 percent were in service. No occupational differentials were found among women across the blocks.

Among men, 52 percent were engaged in agriculture related activities and one third were doing some labour work. About 7 percent were in sales related activities and 5 percent in service. However, large variations were noticed in occupational pattern across the blocks. About 62 percent of the men in Burmu were engaged in agriculture, whereas the proportion of such persons was 40 percent in Ormanjhi.

**Table 2.3: Percentage distribution of respondents by occupation**

<b>Occupation</b>	<b>Women</b>	<b>Men</b>
Not working/housewives	46.6	1.6
Agriculture	30.9	51.8
Labour/industry/technical	17.3	32.1
Sales (Street, market)	1.3	1.9
Sales (Shop)	1.2	5.1
Service	2.0	5.3
Professional/administrative	0.3	1.7
Others	0.4	0.5
<b>Total respondents</b>	<b>1793</b>	<b>1058</b>

Those men who were engaged in agriculture-related activities (548), were further asked on whose land (own, rented or someone else) they were working. Majority of them (94%) were working on their own land (91%) or their family land (3%). About 4-5 percent were working on rented and 2 percent on someone else land, with no variation across the blocks (Table 2.4)

**Table 2.4: Ownership of land and months worked in last year (%)**

<b>Particulars</b>	<b>Men</b>
<b>Ownership of land</b>	
Own land	90.7
Family land	2.7
Rented land	4.2
Someone else land	2.4
<b>Total respondents</b>	<b>548</b>
<b>No. of months for which worked</b>	
≤3	0.7
4-6	15.0
7-9	20.3
10-12	64.0
<b>Average</b>	<b>10.0</b>
<b>Total respondents</b>	<b>1033**</b>

\*\* Eight men did not respond

All male respondents were asked for how many months they worked during the last year. On an average, they worked for 10 months. About two-thirds worked for 10-12 months and one-fifth had worked for 7-9 months, while 15 percent for 4-6 months and about one percent had worked for three or less months (Table 2.4). Out of the total men, 55 percent were receiving earnings for their work in cash and 27 percent in cash & kind both. About 14 percent reported receipt in kind only and 4 percent were not paid at all (Table 2.5).

Those men who reported receipt of their earnings for work in cash or cash & kind (856), were further asked how far their earnings met their household expenditure. Table 2.5 provides such information. About 65 percent reported that all their household expenditure was met through their earnings, while 27 percent stated that more than half of their household expenditure was met by their earnings. Only seven in Ormanjhi said that their earnings could not meet any household expenditure, while about 8 percent were of this opinion that it could meet only half or less than half of the household expenditure.

**Table 2.5: Mode of receiving earnings for work and household expenditures (%)**

<b>Particulars</b>	<b>Men</b>
<b>Mode of receiving</b>	
Cash only	54.9
Cash and kind	27.3
In kind only	13.6
Not paid at all	4.1
<b>Total respondents</b>	<b>1041</b>
<b>Household expenditure paid from earnings</b>	
Almost none	0.9
Less than half	2.8
About half	4.8
More than half	27.0
All	64.5
<b>Total respondents</b>	<b>856</b>

**Religion:** Regarding religion, about 83 percent of the women were Hindu, 12 percent came from Muslim communities and 5 percent of the women were professing other religions (Table 2.6). As expected more or less the same religious break up was reported for men. There were no differences across the three blocks.

**Table 2.6: Percentage distribution of respondents by religion**

<b>Religion</b>	<b>Women</b>	<b>Men</b>
Hindu	82.8	82.9
Muslim	12.5	11.0
Christian	1.3	1.7
Sikh	0.2	0.4
Others	3.2	4.1
<b>Total respondents</b>	<b>1791*</b>	<b>1058</b>

\* Two women did not respond

**Caste:** Most of the women (87%) belonged to Scheduled Tribes (ST) (46%) or Other Backward Castes (OBCs) (41%). However, 6 percent came from scheduled caste families and 7 percent were from some higher castes (Table 2.7). Regarding caste differentials among blocks, the proportion of ST women was highest in Kanke (50%) and lowest in Burmu block (39%). About 55 percent of the women in Burmu belonged to some OBC, whereas the proportion of such women was 32 percent in Ormanjhi. As expected, more or less the same caste distribution was reported by men.

**Table 2.7: Percentage distribution of respondents by caste**

<b>Caste</b>	<b>Women</b>	<b>Men</b>
SC	6.2	4.7
ST	46.4	51.8
OBC	40.8	37.1
Others	6.5	6.4
<b>Total respondents</b>	<b>1788*</b>	<b>1055*</b>

\* Five women and three men did not respond

### **2.3 EXPOSURE TO MEDIA**

Table 2.8 provides information on access to mass media such as, reading newspapers or magazines, listening to the radio and watching television. Only 7 percent of the literate women reported reading a newspaper or magazine almost every day, about 62 percent do not read at all, while 12 percent and 19 percent of the women read at least once a week and less than once a week respectively.

Among men, 22 percent read a newspaper or magazine almost every day, 26 percent did not read at all, while 23 percent and 29 percent of the men read at least once a week and less than once a week respectively (Table 2.8).

Regarding exposure to radio, 25 percent of the women listen to radio almost every day, 14 percent at least once a week and 12 percent less than once a week. Forty nine percent of the women do not listen to radio at all. As expected more men have exposure to radio. About 31 percent of the men listen to radio almost every day, 22 percent at least once a week and 23 percent less than once a week. About one fourth do not listen to radio at all.

**Table 2.8: Percentage distribution of respondents by exposure to mass media**

<b>Exposure to mass media</b>	<b>Women</b>	<b>Men</b>
<b>Reading habit of newspaper/ magazine (N)</b>	<b>449*</b>	<b>623*</b>
Almost every day	7.1	21.7
At least once a week	12.2	23.4
Less than once a week	18.7	28.9
Not at all	61.9	26.0
<b>Listening to radio (N)</b>	<b>1793</b>	<b>1058</b>
Almost every day	25.1	31.2
At least once a week	14.1	21.6
Less than once a week	11.7	23.3
Not at all	49.0	23.9
<b>Watching T V (N)</b>	<b>1793</b>	<b>1058</b>
Almost every day	22.0	21.2
At least once a week	10.4	18.3
Less than once a week	8.1	22.7
Not at all	59.5	37.8

\* Literates only

With regard television, about three-fifths of the women do not watch T.V at all, while 22 percent watch almost every day. Only 10 percent and 8 percent watch T.V. at least once a week and less than once a week respectively. About 38 percent of the men do not watch TV at all, while 21 percent watch almost every day. About 18 percent and 23 percent watch at least once a week and less than once a week respectively. This fact highlights the difficulty of diffusing information on family planning, health and other topics through the mass media.

## **2.4 BACKGROUND CHARACTERISTICS OF HUSBANDS AS REPORTED BY WIVES**

The sample women were asked to provide information on age, educational attainment and occupation of their husbands. Table 2.9 provides such information.



**Table 2.9: Percentage distribution of husbands by their selected characteristics**

Particulars	As reported by wives
<b>Age (in years)</b>	<b>1787*</b>
<25	6.5
25-29	15.4
30-34	20.4
35-39	20.1
40-44	14.2
45-49	11.0
50-54	7.5
55+	4.9
<b>Average age</b>	<b>37.9</b>
<b>Educational attainment (N)</b>	<b>1751**</b>
Literate	35.6
Literate <primary complete	8.8
Primary complete	17.0
Middle complete	16.8
High school complete	13.5
Higher secondary and above	8.3
<b>Occupation (N)</b>	<b>1781***</b>
Agriculture	41.5
Labour/industry/technical	38.9
Sales (street, market)	2.4
Sales (shop)	4.8
Service	6.9
Professional/administrative	0.8
Others	4.7

\* Six women did not respond

\*\* Forty-two women did not respond

\*\*\* Twelve women did not respond

**Age of husbands:** Most of husbands (40%) were in their thirties, while about 22 percent were in their twenties and one-fourth were in between 40-49 years. About 12 percent had crossed 50 years. Their average age was 37.9 years.

**Educational attainment:** More than one-third of husbands (36%) were illiterate and 22 percent had passed at least high school examination.

**Occupation:** About 41 percent of husbands were engaged in agriculture-related activities, while 39 percent were doing manual labor work. About 7 percent each were in sales and services. Less than one percent worked in a professional or administrative job.

## CHAPTER 3

### FERTILITY

#### 3.1 BACKGROUND

The number of live births the women had produced in their lifetime and the number of living children they had at the time of survey are discussed in this chapter. In addition, this chapter provides information on current pregnancy and; pregnancy wastage (miscarriage, abortion or still birth) during the past one year.

#### 3.2 PARITY

The distribution of women by parity and children still living is shown in Table 3.1. The table also shows the mean number of children ever born and surviving at the time of survey.

**Table 3.1: Percentage distributions by number of live-births and living children**

Particulars	Women	Men
<b>No. of live births</b>		
0	7.9	--
1	12.2	--
2	15.6	--
3	19.6	--
4	17.8	--
5+	26.9	--
<b>Mean</b>	<b>3.7</b>	--
<b>No. of living children</b>		
0	9.3	8.4
1	14.6	12.0
2	17.9	16.1
3	25.1	25.0
4	17.2	18.4
5+	15.9	20.0
<b>Mean</b>	<b>3.1</b>	<b>3.1</b>
<b>Total respondents</b>	<b>1793</b>	<b>1058</b>

About 27 percent of the women had given birth to 5 or more children and 20 percent had three live births, while 18 percent had four. The figures on childlessness shown in Table 3.1 are relatively low (8%). The low level of childlessness is probably an indication of the relative

absence of primary sterility in the population of the area. On an average, women had 3.7 children ever born to them.

Regarding surviving children, about 16 percent of the women had five or more living children at the time of survey and about one-fourth of them had 3. Only 9 percent of the women did not have any surviving child at the time of survey. The women had 3.1 living children on an average, indicating survival rate of children as 83.8 percent i.e. out of 100 children ever born, and 84 were surviving at the time of survey. More or less the same pattern was found with regard to number of children ever born and number of children surviving across the blocks.

The distribution of women by number of children ever born according to their age is shown in Table 3.2. The table also shows the mean number of children ever born and surviving.

**Table 3.2: Percentage distributions by number of live-births and mean number of living children**

Age group	Children ever born						No. of women	Mean children ever born	Mean living children
	0	1	2	3	4	5+			
15-19	53.0	39.1	5.2	1.7	0.9	0.0	115	1.2	1.1
20-24	12.6	33.2	31.2	13.4	7.1	2.5	365	2.0	1.8
25-29	3.2	7.7	21.1	33.5	20.8	13.6	403	3.2	2.8
30-34	2.1	3.2	11.4	24.3	27.0	32.0	341	4.0	3.4
35-29	4.0	2.4	7.3	18.6	20.6	47.0	247	4.6	3.8
40-44	0.6	1.9	7.5	10.0	21.2	58.8	160	5.1	4.2
45-49	1.9	1.3	3.8	12.7	19.6	60.8	158	5.5	4.3
<b>Total</b>	<b>7.9</b>	<b>12.2</b>	<b>15.6</b>	<b>19.6</b>	<b>17.8</b>	<b>26.9</b>	<b>1789</b>	<b>3.7</b>	<b>3.1</b>

Women in the childbearing years in the area have had an average of 3.7 children ever born and 3.1 children surviving. The mean number of children ever born is 1.2 for women aged 15-19 years. This mean of children ever born increases steadily with age of women, reaching a high of 5.5 children per woman for 45-19 age group. For the women age 40-44 years, the mean number of children ever born is about 5. Early child bearing is relatively high in the area, as 47 percent of the women in the age group of 15-19 years have ever had a child. Another point which has

emerged from the data is that rate of surviving of children ever born decreases steadily from 92 percent for women age 15-19 years to 78 percent for women in age group of 45-49 years.

The male respondents were also asked how many living children they had at the time of survey. Their distribution by number of living children is also shown in Table 3.1. About one-fifth of them had 5 or more living children, while one-fourth had 3 and 8 percent did not have any living child. On an average, they had 3 living children.

Among the men, 842 (i.e. 80 percent) had more than one living child at the time of survey. These 842 men were further asked with how many women they had been fathered of these children. Most of them (95%) said that they had these children with one woman only and the remaining 5 percent expressed that they had been fathered of these children from 2 women.

### 3.3 CURRENT PREGNANCY STATUS

About 9 percent of the women were pregnant at the time of survey. These women were further asked about their gestation period in completed months. Table 3.3 provides such information.

**Table 3.3: Percentage distribution of women by current pregnancy particulars**

<b>Pregnancy particulars</b>	<b>Women</b>
<b>Currently pregnant (N)</b>	<b>1793</b>
Yes	9.0
No	90.5
Unsure	0.5
<b>Gestation period (in months) (N)</b>	<b>161</b>
First trimester (1-3 months)	28.0
Second trimester (4-6 months)	35.4
Third trimester (7-9 months)	36.6
<b>Time when desiring to become pregnant (N)</b>	<b>161</b>
Then	62.7
Later	28.6
Not at all	8.7

Out of the currently pregnant women (161), 28 percent were in 1<sup>st</sup> trimester, 35 percent in 2<sup>nd</sup> and 37 percent were in 3<sup>rd</sup> trimester of their pregnancy period. On asking whether they wanted to become pregnant then, later or did not want at all, 63 percent wanted to become pregnant at that time, while 28 percent wanted to be pregnant later and 9 percent did not want to get pregnant

at all. Thus, in 37 percent of the cases it was an unwanted pregnancy. No block differentials were found with regard to the current pregnancy particulars.

### 3.4 PREGNANCY LOSS

All women were asked whether they had experienced a miscarriage, abortion or still-birth during the past one year. Only about 4 percent of the women had such an event occurred with them in the past one year (Table 3.4).

These women (65) who experienced a miscarriage, abortion or stillbirth during the past one year, were further asked how many months ago it occurred. About one-third of them stated the pregnancy ended between 10-12 months ago, while 23 percent each reported it 4-6 and 7-9 months ago. About 22 percent mentioned that it occurred 1-3 months ago. On an average, such an even had occurred 7 months ago (Table 3.4)

**Table 3.4: Percent distribution of women experiencing pregnancy loss within the past year**

<b>Pregnancy wastage particulars</b>	<b>Women</b>
<b>Whether had miscarriage, abortion or still birth (N)</b>	<b>1793</b>
Yes	3.6
No	96.4
<b>Months ago when occurred (N)</b>	<b>65</b>
1-3	21.5
4-6	23.1
7-9	23.1
10-12	32.3
<b>Gestation period (in completed months) (N)</b>	<b>65</b>
1 <sup>st</sup> trimester	41.5
2 <sup>nd</sup> trimester	29.2
3 <sup>rd</sup> trimester	29.2

Regarding gestation period (in completed months) when the pregnancy terminated into miscarriage, abortion or still birth, about 42 percent of the women stated that it happened in 1<sup>st</sup> trimester and 29 percent each reported in 2<sup>nd</sup> and 3<sup>rd</sup> trimester (Table 3.4).

## **CHAPTER 4**

### **FAMILY PLANNING**

#### **4.1 BACKGROUND**

Information about family planning knowledge and the use of contraceptive methods is of practical use to policy makers and programme administrators for formulating policies and strategies. This chapter begins with an appraisal of the knowledge of contraceptive methods and awareness of sources before moving on to a consideration of ever and current practice of family planning. Special attention is focused on non-use and reasons and intentions to use family planning in future. In addition, efforts have been made to assess the knowledge of respondents on Standard Days Method (SDM).

#### **4.2 KNOWLEDGE OF FAMILY PLANNING METHODS**

Each respondent was asked the following questions about his/her knowledge of family planning; “Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy, which ways or methods have you heard of about?” The respondent was first asked to name all the methods he/she knew or had heard of, without any prompting. Then, the interviewer read out the name and a short description of each method not mentioned and asked if he/she knew the method. Thus, the respondents’ knowledge of contraception was assessed at three levels, a) methods the respondent thinks of his/her own (he/she can name them spontaneously without probing), b) methods the respondent knows when asked specifically about them (he/she recognize the method after probing) and c) methods which the respondent has not heard of.

Table 4.1 presents the extent of knowledge of the respondents as obtained by spontaneous responses (without any probing) and probed responses. Knowledge of female sterilization is nearly universal in the area, as 98 percent of the women and 97 percent of the men reported its knowledge.

**Table 4.1 : Knowledge of contraceptive methods (%)**

Contraceptive method	Women (N=1793)			Men (N=1058)		
	Spont.	Probing	Total	Spont.	Probing	Total
Female sterilization	57.4	40.7	98.1	39.2	57.6	96.8
Male sterilization	11.1	59.1	70.2	14.1	68.0	82.1
<b>At least one permanent method</b>	<b>57.4</b>	<b>40.7</b>	<b>98.1</b>	<b>40.1</b>	<b>57.6</b>	<b>97.7</b>
Pill	34.1	49.7	83.8	28.5	52.6	81.1
IUD	12.5	42.2	54.7	8.4	41.3	49.7
Injectables	3.9	29.2	33.1	1.7	33.1	34.8
Implants	0.3	2.1	2.4	0.5	4.8	5.3
Condom	15.4	47.6	63.0	30.3	52.9	83.2
Female condom	0.2	3.2	3.4	0.9	11.7	12.6
Diaphragm	0.0	0.9	0.9	0.1	2.7	2.8
Foam or Jelly	0.0	1.5	1.5	0.0	3.7	3.7
<b>At least one spacing method</b>	<b>38.5</b>	<b>50.0</b>	<b>88.5</b>	<b>39.1</b>	<b>52.5</b>	<b>91.6</b>
LAM	2.5	50.4	52.9	0.2	24.1	24.3
Rhythm/fertility awareness base method	3.4	51.3	54.7	3.4	69.2	72.6
Standard Days Method (SDM)	0.3	1.7	2.0	0.3	1.4	1.7
Withdrawal	2.2	55.2	57.4	0.9	51.0	51.9
<b>At least one traditional method</b>	<b>38.1</b>	<b>61.9</b>	<b>100.0</b>	<b>45.6</b>	<b>40.3</b>	<b>85.9</b>
Emergency contraception	1.3	11.2	12.5	0.5	22.9	23.4
Any other method	11.9	-	11.9	7.4	-	7.4
<b>At least one method</b>	<b>73.1</b>	<b>26.9</b>	<b>100.0</b>	<b>67.8</b>	<b>31.4</b>	<b>99.2</b>

In comparison, male sterilization was much less familiar to women, as that was known to 70 percent of women (11% spont. and 59% probing) than men (82%-14% spont.+68% probing). The most well known among the spacing methods were pill, condom and IUD, about 84, 63 and 55 percent of the women respectively had the knowledge of these methods. Mostly respondents reported their knowledge of these methods on probing. The injectables were known to about one-third of respondents. The knowledge of other spacing methods (implants, female condom, diaphragm and foam or jelly) was reported by less than 4 percent of the women.

Among traditional methods, withdrawal, rhythm/fertility awareness method and LAM were known to 57, 55 and 53 percent of the women respectively. The table reveals that probing was often needed to elicit complete knowledge about contraceptive methods, particularly traditional methods. The traditional methods were well known to the women. More or less the same knowledge pattern was seen for various contraceptive methods across blocks except for IUD,

condom and LAM. The proportion of women having knowledge of IUD varied between 50 percent in Ormanji and 61 percent in Kanke. More women were knowledgeable of condom in Burmu and Kanke (69% each) than in Ormanjhi (60%). Similarly more women knew LAM in Kanke (57%) and Burmu (55%) than in Ormanjhi (47%).

The knowledge of permanent methods of family planning (female or male sterilization) is nearly universal with 98 percent of the respondents (both women and men) reporting knowledge of at least one permanent method. As high as 89 percent of the women and 92 percent of the men were aware of at least one birth spacing method, while all women and 86 percent of the men were aware of at least one traditional method. Family planning knowledge is almost universal in the area as all sample women and 99 percent of the men were aware of at least one method of family planning (including traditional methods).

#### **4.3 SOURCES OF FAMILY PLANNING METHODS**

All respondents were asked about the sources of contraception methods. Knowledge of the sources of contraceptives was high, with more than two-thirds of the respondents (69% women and 72% men) knowing where to obtain contraceptive methods. These respondents were further asked to identify the sources of family planning methods. About three-fourths of the women and 61 percent of the men reported “Govt hospitals” as the source.



**Table 4.2: Knowledge of sources of contraceptive methods (%)**

<b>Particulars</b>	<b>Women</b>	<b>Men</b>
<b>Whether knows of the place (N)</b>	<b>1793</b>	<b>1058</b>
Yes	68.5	71.8
No	31.5	28.2
<b>Knowledge of sources* (N)</b>	<b>1228</b>	<b>756**</b>
<b>Public sector</b>		
- Govt. hospital	75.0	61.0
- Govt. health centre	18.5	30.2
- Family planning clinic	1.1	2.1
- Mobile clinic	0.2	0.3
- Field worker	6.6	1.3
- Others	5.1	1.3
- Any Govt. source	90.6	82.5
<b>Private sector</b>		
- Private hospital/clinic	17.2	16.5
- Pharmacy	11.7	2.9
- Private doctor	6.7	6.5
- Mobile clinic	0.2	0.3
- Field worker	2.4	1.9
- Others	12.5	18.7
- Any private source	40.4	40.1
<b>Others</b>		
- Shop	19.4	12.4
- Church	0.2	0.0
- Friends/relatives	0.6	0.1
- Others	0.0	1.3
- Any Other	21.0	13.8

\* Multiple responses

\*\* Four men did not respond

The other sources mentioned by women were: Shop (19%), Govt. health centre (18%), private hospital/clinic (17%) and pharmacy (12%). However, less than 10 percent of the respondents stated ‘field worker in public sector’ (7%), ‘private doctor’ (7%) and ‘field worker in private sector’ (2%) as the sources for obtaining contraceptive methods. In case of men, the other sources were: Govt. health centre (30%), private hospital/clinic (17%), shop (12%) and private doctor (7%) (Table 4.2).

About 91 percent of the women and 83 percent of the men among those who had reported the knowledge of family planning sources of obtaining family planning methods had the knowledge

of at least one public source. About two-fifths of the respondents (both men and women) had mentioned at least one private source for obtaining the family planning methods.

There were large variations among blocks in case of women. More women were knowledgeable about sources in Kanke (72%) & Burmu (70%) than in Ormanjhi (63%). Regarding knowledge of specific sources, more women in Burmu (80%) & Kanke (78%) reported ‘Govt. hospital’ than in Ormanjhi (63%), while more women in Ormanjhi (31%) mentioned “Govt. health center” as a source of contraceptive methods than in Kanke (12%) and Burmu (14%).

Those respondents, who knew to obtain family planning methods, were specifically asked whether they knew where to obtain information on natural methods of family planning. Only 31 women out of 1228 (i.e. 2.5%) and 57 men out of 760 (i.e. 7.5%) replied affirmatively (Table 4.3). Most of the women reported that they can obtain information on natural methods of family planning from government hospitals (29.0%), friends/ relatives (22.6%) and private hospitals/clinics (12.9%), while men mentioned shop (19.6%), government hospitals (16.1%), private hospital/clinic (14.3%) and government health centers (10.7%) as the sources of information on natural family planning.

**Table 4.3: Knowledge of sources of natural family planning methods (%)**

Particulars	Women	Men
<b>Whether knows of the source (N)</b>	<b>1228</b>	<b>760</b>
Yes	2.5	7.5
No	97.5	92.5
<b>Knowledge of sources* (N)</b>	<b>31</b>	<b>57</b>
<b>Public sector</b>		
- Govt. hospital	29.0	16.1
- Govt. health centre	6.5	10.7
- Field worker	3.2	-
- Others	6.5	-
- Any Govt. source	41.9	32.6
<b>Private sector</b>		
- Private hospital/clinic	12.9	14.3
- Pharmacy	-	7.1
- Private doctor	3.2	5.4
- Mobile clinic	-	1.8
- Field worker	-	5.4
- Others	6.5	10.7
- Any private source	19.4	52.2
<b>Others</b>		
- Shop	6.5	19.6
- Church	6.5	-

- Friends/relatives	22.6	7.1
- Others	19.4	17.9
- Any other	54.8	30.4

\* Multiple responses

About 42 percent of the women and one-third of the men mentioned any public source for information on natural family planning, while about one-fifth of the women and 52 percent of the men reported any private source for such information. As many as 55 percent of the women and 30 percent of the men reported any other source (shop, friends/relatives or church) for obtaining information on natural family planning methods.

## 4.4 CONTRACEPTIVE USE

### 4.4.1 *Ever use of family planning methods*

All respondents who knew at least one method of family planning were asked whether they had ever used each of the methods they knew. The use of contraception was further probed by asking whether they “ever used anything or tried in any way to delay or avoid getting pregnant”. Table 4.4 presents the pattern of ever use.

The most commonly accepted method was female sterilization; accepted by 34 percent of the currently married women. Pills and condom had been used by 12 and 11 percent of the currently married women respectively, while 3 percent had ever used IUD. Among traditional methods, withdrawal, LAM and rhythm (fertility awareness based method) had ever been used by 22, 21 and 20 percent of the currently married women respectively. More or less the same pattern was found in ever use of various contraceptives across blocks except for condom and LAM. Condoms had been used by 15 percent of women in Kanke, compared to 9 percent in Burmu and 8 percent in Ormanjhi. More women in Kanke (25%) reported use of LAM than in Ormanjhi (16%).

The male respondents in our study were asked whether they had ever used any male family planning method such as, male sterilization, condom, rhythm/fertility awareness based method, SDM and withdrawal. Table 4.4 provides such information. Only 2 percent of the men had undergone male sterilization, while about 16 percent had ever used a condom. Around one-third of them had ever practiced rhythm/fertility-based method and one-fifth used withdrawal, while only 2 men had ever used SDM, with little variation among blocks.

**Table 4.4: Ever use of any contraceptive method (%)**

<b>Contraceptive method</b>	<b>Women (N=1793)</b>	<b>Men (N=1058)</b>
Female sterilization	34.1	-
Male sterilization	0.1	2.0
Pill	11.9	-
IUD	2.9	-
Injectables	0.2	-
Implants	0.1	-
Condom	11.0	15.9
Female condom	0.3	-
Diaphragm	0.1	-
Foam or jelly	0.4	-
LAM	20.6	-
Rhythm/fertility awareness based method	20.2	33.8
SDM	0.4	0.2
Withdrawal	22.4	19.5
Emergency contraception	0.7	-
Others	2.6	-

#### ***4.4.2 Current use of family planning methods***

In all, 161 currently married women were found to be pregnant of the time of survey and the remaining women (1632) were either not pregnant or unsure. These 1632 women were asked whether they were currently practicing any family planning method and if yes, which method they were using. Current use of contraception was quite good, with 62 percent of the currently married women practicing family planning; 47 percent using modern methods and another 15 percent using traditional methods (14%) or some other method (1%). Among modern methods, 38 percent had female sterilization and about 4 percent each were using condoms and pills, while 1 percent had accepted IUD. Among traditional methods, withdrawal, LAM and rhythm/ period abstinence were used by 7, 4 and 3 percent of the currently married women respectively (Table 4.5). Most of the currently married women (79%) who had ever used contraceptive were currently using a method. The contraceptive prevalence rate was slightly higher in Burmu and Kanke (64% each) than in Ormanjhi (59%).

**Table 4.5 Current use of family planning method (%)**

Contraceptive method	Women (N=1632)*	Men (N=1058)
Female sterilization	37.5	35.0
Male sterilization	0.1	2.0
Pills	3.7	3.5
IUD	1.0	0.9
Injectables	0.1	-
Implants	-	0.1
Condom	4.2	6.3
Female condom	0.1	0.1
LAM	4.4	0.7
Rhythm/period abstinence	3.1	5.8
SDM	-	0.1
Withdrawal	6.7	2.5
Others	1.2	1.9
Not using anything	37.8	41.2
Contraceptive prevalence rate	62.2	58.8

\* Excludes 161 women who were pregnant at the time of survey

Further analysis shows that female sterilization is the most popular contraceptive method in the area, as in all Indian states. Female sterilization was being used by 38 percent of the currently married women, accounting for 60 percent of contraceptive prevalence. Male sterilization was the least preferred one among modern methods, as only two women (1 in Burmu and 1 in Kanke) reported that their husbands were sterilized.

The male respondents in our study were also asked whether they or their wives/partners were currently practicing any family method and if yes, which method they were using. More or less the same pattern of use of various family planning methods was reported by men as mentioned by women.

***Duration of use of family planning methods:*** Most of the acceptors of any permanent method (58% women and 48% men) had undergone sterilization operation at least 5 years ago, while only about 6 percent of them had adopted it within the year prior to the survey. As far as spacing methods are concerned, most of the acceptors had been using them for the last year (Table 4.6)

**Table 4.6: Duration of use (in months) of the current family planning methods (%)**

Duration of use (in months)	Family planning method						
	Female / male sterilization	Pill	IUD	LAM	Condom	Periodical abstinence	Withdrawal
<b>Women</b>							
≤6	0.8	34.4	50.0	54.8	29.0	11.8	22.7
7-12	5.1	18.0	12.5	27.8	27.5	17.6	20.9
13-24	8.1	16.4	12.5	19.4	24.6	25.5	26.4
25-36	10.6	8.2	0.0	-	5.8	9.8	9.1
37-48	9.4	9.8	12.5	-	7.2	11.8	8.2
49-60	7.8	11.5	6.2	-	2.9	7.8	4.5
>60	58.2	1.6	6.2	-	2.9	15.7	8.2
<b>Total users</b>	<b>614</b>	<b>61</b>	<b>16</b>	<b>72</b>	<b>69</b>	<b>51</b>	<b>110</b>
<b>Men</b>							
≤6	0.5	29.7	30.0	42.9	29.9	21.3	19.2
7-12	5.4	35.1	10.0	42.9	19.4	19.7	23.1
13-24	4.9	18.9	20.0	14.3	11.9	13.1	19.2
25-36	8.9	5.4	-	-	6.0	6.6	7.7
37-48	6.9	5.4	20.0	-	1.5	3.3	-
49-60	8.7	-	-	-	1.5	4.9	3.9
>60	48.3	5.4	20.0	-	1.5	6.6	-
Don't remember	16.4	-	-	-	28.4	24.6	26.9
<b>Total users</b>	<b>391</b>	<b>37</b>	<b>10</b>	<b>7</b>	<b>67</b>	<b>61</b>	<b>26</b>

#### 4.5 INFORMATION PROVIDED AT THE TIME OF METHOD ADOPTION

Health and family planning workers are expected to provide information to the clients at the time of acceptance on a range of family planning methods and the side effects/problems the acceptor might face using the selected method. Therefore, all current family planning users were asked whether they had been told by somebody about side effects or problems they might face using the method. Overall, 8 percent of the women said that those issues were discussed, with large

variation across blocks. The proportion of such women was 6 percent each in Burmu & Kanke and 13 percent in Ormanjhi.

Women who had not received this information were further asked specifically whether they had been informed by any health and family planning worker about potential side effects or problems of their method. Less than one percent received such information. Thus, overall only one out of every 10 women was informed about potential side effects or problems they might face using their method. These women were further asked what they should do if they experienced side effects or problems while using the method. Overall, 53 percent said they were informed what to do in case they experienced any side effects or problems.

When asked whether they were informed by health workers of the existence of other family planning methods, only 4 percent of women replied that they had been. The question was also asked of men who were using any family planning method at the time of survey. Only 15 percent of them reported that they had been informed of other methods of family planning (Table 4.7).

**Table 4.7: Information given by provider when current method was accepted (%)**

Particulars	Women	Men
<b>Whether told by H&amp; F planning worker about other methods of family planning (N=current users)</b>	<b>1015</b>	<b>622</b>
Yes	3.5	15.1
No	96.5	84.9
<b>Whether told by anyone about other methods of family planning</b>		
Yes	6.4	--
No	93.6	--
<b>Whether told by anyone about side effects or problems with the use of the method</b>		
Yes	8.3	--
No	91.7	--
<b>Whether told by H &amp; Family planning worker about side effects or problems with the use of method</b>		
Yes	8.3	--
No	91.7	--
<b>Whether told about what to do in case of any side effects/problems experienced</b>		
Yes	52.6	--
No	47.4	--

## **4.6 FERTILITY PREFERENCES**

### ***4.6.1 Desire for more children***

Those women who reported that neither they themselves nor their husbands were sterilized, were asked several questions about their desire for children in the future. There were 1179 such women. The questions asked from these women were: a) whether the woman wanted another child and b) if so, how soon she would like to have her next child.

Currently not pregnant women and women who were not sure whether they were pregnant were asked, “Would you like to have (another) child or would you prefer not to have any (more) children?” Women who were pregnant at the time of survey were asked, “After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?” Table 4.8 provides information about the fertility preferences of these women.

Overall, one half of these women stated that they would like to have (a/another) child at some time in the future. Nearly 41 percent expressed that they did not want any more children, 4 percent said that they had been unable to conceive and about 5 percent were undecided. Those women (592) who desired to have (a/another) child were further asked how long they would wait for their next child. About two-thirds reported that they would like to wait at least 2 years before their next birth while 30.4 percent of the women stated that they would like another child soon (that is, within 2 years).



**Table 4.8: Desire for more children and timing - Women**

<b>Particulars</b>	<b>Women</b>
<b>Desire for more children</b>	
Desire to have (a/another) child	50.2
No more/None	40.9
Can't get pregnant	4.1
Undecided/don't know and pregnant	2.0
Undecided/don't know and not pregnant or ensure	2.8
<b>Total (those women and their husbands are not sterilized)</b>	<b>1179</b>
<b>Time when wanted to have (a/another) child</b>	
≤ 24 months	12.3
24 months	24.5
36 months	28.0
48 months	7.4
60 months or more	5.8
Soon/now	18.1
Don't know	3.9
<b>Total who desired to have (a/another child)</b>	<b>592</b>
<b>Reasons* for not using any family planning method</b>	
Not having sex/infrequent sex	9.7
Menopausal/hysterectomy	2.0
sub fecund/ in fecund	7.7
Post partum amenorrheic	2.3
Breastfeeding	17.0
Fatalistic	24.7
Respondent opposed	1.1
Husband/partner opposed	0.9
Others opposed	2.8
Religious prohibition	0.9
Knows no method	3.1
Knows no source	4.3
Health concerns	0.6
Fear of side effects	14.5
Lack of access/too far	6.3
Costs too much	1.4
Inconvenient to use	0.9
Interferes with body's normal processes	2.0
Others	1.4
Don't know/can't say	4.5
<b>Total (those women who desired to have (a/another child after 2 years or desired no more/none child, but not using any family planning method)</b>	<b>352**</b>

\* Multiple responses

\*\* Thirty-three women did not respond

Those women, who were currently not using any contraception and desired to have (a /another) child after 2 years or did not desire to have more children, were further asked why they were not using family planning. About one-fourth of the women expressed a fatalistic attitude as their reason for non-use. Other reasons reported by women included: “currently breastfeeding” (17%), “fear of side effects” (15%), “not having sex / infrequent sex” (10%), “sub fecund/ infertile” (8%) and “lack of access/too far” (6%).

All the male respondents were first how many wives/partners they had. Only 3 percent reported more than one wife/partner. Further, all the men were asked about the current pregnancy status of their wives/partners. About 8 percent of the men reported that their wives/partners were pregnant at the time of survey, while in most cases (91%), their wives/partners were not pregnant and about one percent were unsure. If a man had reported that his wife/partner was pregnant, he was asked, “After the child (ren) your wife/wives/partners) is / are expecting now, would you like to have another child or would you prefer not to have any more children at all?” If the wife/partner was not pregnant or unsure, the man was asked, “Would you like to have (a/another) child or would you prefer not to have any (more) children at all?” Those men who wanted to have (a/another) child were further asked when they would like their next child. Table 4.9 provides responses of the men on these issues.

**Table 4.9: Desire for more children and timing - Men (%)**

<b>Particulars</b>	<b>Men</b>
<b>No. of wives/partners</b>	<b>1058</b>
One	97.0
More than one	3.0
<b>Current pregnancy status of wives/partners</b>	<b>1058</b>
Yes, currently pregnant	7.9
No, not currently pregnant	91.2
Unsure about pregnancy	0.9
<b>Desire for another child</b>	<b>1058</b>
Desire to have a /another child	31.6
No more/None	35.0
Wife/wives infecuned /sterilized	31.1
Undecided/Don’t know	2.4
<b>Months would like to wait to have (a/another) child</b>	<b>334</b>
<12	19.8
24 months	25.4
36 months	29.0

48 months	8.7
60 or more months	6.3
Some/now	5.7
Don't know	5.1

Overall, only 32 percent of the men said they wanted another child at some time in the future. Another 35 percent expressed that they did not want any more children and 31 percent stated that their wives are infertile / sterilized and so they can not have any more children.

The 334 men, who desired another child at some time in the future, were further asked when they would like to have another child. About one-fourth reported that they would like another child soon (that is, within 2 years) and 69 percent stated that they would like to wait at least 2 years before having their next child.

#### **4.6.2 *Ideal number of children***

The respondents were asked to perform the more difficult abstract task of stating the number of children they would like to have had if they could start over again. Respondents (both women and men) who had not children were asked “If you could choose exactly the number of children to have in your whole life, how many would that be?” Respondents who already had children were asked, “If you could go back to the time you did not have any children and could choose exactly the number of children to have in your while life, how many would that be?” Some respondents, especially men, had difficulty in answering this hypothetical question and the question often had to be repeated to ensure that it was understood by the respondents. Nevertheless, 98 percent of the women and 95 percent of the men were able to give a numerical response when asked for their ideal number of children.

Table 4.10 shows that the ideal number of children falls within the fairly narrow range of 2-4 children for a large majority of the respondents (87% for women and 82% for men). About 3 percent of respondents (both women and many expressed a desire for fewer than two children and only 8 percent of the women and 10 percent of the men thought that more than four children would be ideal. For those who gave numeric responses, the average number of children considered ideal is 3, that is, equal to the number of children the respondents have at the time of survey.

**Table 4.10: Respondent's desired number of children (%)**

No. of children	Women (N=1793)	Men (N=1038)*
None	1.6	0.8
1	1.3	1.7
2	28.3	29.8
3	39.2	38.6
4	19.2	14.0
5	4.7	6.4
6+	3.5	3.9
Not specified (non-numeric responses)	2.1	4.8
<b>Mean</b>	<b>3.1</b>	<b>3.1</b>

\* Twenty men did not respond

Note: Means are calculated excluding women & men who gave non-numeric response

#### **4.6.3 Perception Regarding Number of Children**

All the women and men in our study who reported that neither of the partners was sterilized, were asked whether their spouses/partners wanted the same, more or fewer number of children than they wanted. Table 4.11 provides their responses.

**Table 4.11 Views on number of children (%)**

No. of children	Women (N=1179)	Men (N=360)
Same	63.2	74.7
More	6.9	3.6
Fewer	17.0	7.8
Don't know/Cant' say	13.0	13.9

About two-thirds of the women and 75 percent of the men thought that their spouses/partners wanted the same number of children as they wanted. Only 7 percent of the women and 4 percent of the men perceived that their spouses/partners wanted more number of children than they wanted, while 17 percent and 8 percent respectively felt that their spouses/partners wanted fewer children. However, 13 percent of the women and 14 percent of the men were not sure about it.

## 4.7 INTENTION TO USE FAMILY PLANNING

In all, 778 women and 436 men were not using any contraception at the time of the interview. Out of these 778 women, 48 stated that they cannot get pregnant due to one or other reason. So, the remaining 730 women and 436 men were asked about their future intentions regarding the use of family planning and their method preference, if they intended to use contraception.

Around three-fourths of these women and 70 percent of the men reported that they would use contraception in the future, 17 percent of the women and 21 percent of the men said that they did not intend to use it and the remaining (8% women and 9% men) were not sure of their intentions (Table 4.12). Respondents who reported that they intended to use a method in the future were asked to specify the method of family planning that they would like to use. From Table 4.12 it can be seen that around two-thirds of those who reported their intentions to use contraception in the future said that they would go for female sterilization operation.

**Table 4.12: Intention to use family planning (%)**

<b>Particulars</b>	<b>Women</b>	<b>Men</b>
<b>Intention to use in future (N)</b>	<b>722*</b>	<b>436</b>
- Yes	75.1	70.4
- No	16.8	20.6
- Don't know/not sure	8.2	8.9
<b>Preferred future method of family planning (N)</b>	<b>538**</b>	<b>307</b>
- Female sterilization	67.7	66.8
- Male sterilization	0.2	1.0
- Pill	22.5	15.0
- IUD	1.3	1.0
- Injectable	1.7	1.3
- Condom	3.2	9.8
- Female condom	0.6	0.7
- Periodic abstinence	1.9	2.9
- Withdrawal	0.9	0.7
- Others	0.2	1.3
- Unsure	0.4	0.7

\* Eight women did not respond

\*\* Four women did not respond

Among spacing methods, the pill was the preferred method (23% women and 15% men), followed by condoms (3% women and 10% men), periodic abstinence (2% women and 3% men) and the IUD & injectables (1% each). Across blocks, no differentials were observed with regard to intentions to use family planning in the future and the preferred method.

#### **4.8 REASONS FOR NOT INTENDING TO USE CONTRACEPTION**

Both women and men who were not using any contraceptive method and who stated that they did not intend to use contraception at any time in the future, were further asked their main reason for not intending to use family planning. Reasons for not intending to use any method are indicated in Table 4.13. About one-fifth of the women said they did not intend to use contraception because they had reached menopause or had undergone a hysterectomy. The other reasons mentioned by women were: “desire to have as many children as possible” (11%), ‘religious prohibition’ (11%), “health concerns” (9%), ‘not having sex/infrequent sex’ (9%), ‘fear of side effects’ (7%), ‘opposition by husbands/partners’ (5%), ‘lack of knowledge’ (4%) and “interference with body’s normal process” (3%).

Among men, 16 percent said they did not intend to use contraception because “they wanted to have as many children as possible”. The other reasons reported by men were: “not having sex/infrequent sex” (15%), “religious prohibition” (11%), “sub-fecund/ in-fecund” (8%), “their wives/partners were in post-menopause stage or they had undergone hysterectomy operation” (5%), “health concerns” (5%), “fear of side effects” (5%) and “opposition by respondents” (3%).

Overall, around two-fifths of the respondents (both women and men) did not intend to use contraception because of a fertility-related reason. Another 17 percent of the women and 14 percent of the men reported that contraception was either against their religion or that they or their spouses/partners were against the use of family planning. Health-related reasons were reported by 22 percent of the women and 11 percent of the men; while 6 percent of the women and 2 percent of the men explained that they did not intend to use contraception in future, because of a lack of knowledge. Therefore, there is still substantial scope for the family planning programme to increase contraceptive use through providing contraceptive information in the area.

More or less the same trend was observed in each study block, as far as reasons for not intending to use any contraception in the future are concerned.

**Table 4.13: Main reason for not using any contraceptive in future (%)**

Main Reason	Women (N=170*)	Men (N=129)
Not having sex/infrequent sex	9.4	14.7
Menopausal/hysterectomy	20.0	5.4
Sub-fecund/in-fecund	0.6	7.8
Wants as many children as possible	10.6	15.5
<b>Fertility related reasons</b>	<b>40.6</b>	<b>43.4</b>
Respondent opposed	1.8	3.1
Husband/partner opposed	4.7	-
Religious prohibition	10.6	10.9
<b>Opposition to use</b>	<b>17.1</b>	<b>14.0</b>
Knows no method	4.1	1.6
Knows no source	1.8	0.8
<b>Lack of knowledge</b>	<b>5.9</b>	<b>2.4</b>
Health concerns	9.4	4.7
Fear of side effects	7.1	4.7
Lack of access/too far	1.8	-
Costs too much	0.6	0.8
Interferes with baby's normal process	2.9	-
Inconvenient to use	-	0.8
<b>Health related reasons</b>	<b>21.8</b>	<b>11.0</b>
Others	9.4	6.2
Don't know	5.3	23.2

\* Ten women did not respond

#### 4.9 COUPLE ATTITUDES TOWARDS FAMILY PLANNING

Information on family planning attitudes was obtained by asking respondents whether they and their spouses/partners approved or disapproved of couples using a method to delay or avoid pregnancy. Table 4.14 provides this information. Of course, women may not accurately report their husband's actual attitudes toward contraception. However, a wife's perception of her husband's attitude is important since it may affect her own decisions.

Table 4.14 shows that about 87 percent of the currently married women approved of family planning use and 7 percent disapproved. However, about 6 percent of them were unsure. Women perceived their husbands to be about equally favorable toward family planning, as 82 percent felt that their husbands approved of family planning use. While about 9 percent of women said they did not know their husbands' attitude and 9 percent thought that their husbands disapproved of family planning. About 85 percent of the men approved of family planning use and 85 percent perceived that their wives/partners were in favor of use of family planning. Across blocks, no significant differences were observed with regard to family planning attitudes.

Thus, between 82 and 87 percent of respondents approved of family planning use and also perceived their spouses/partners to be about equally favorable towards family planning.

**Table 4.14 Attitudes of couples toward family planning (%)**

<b>Attitude</b>	<b>Women</b>	<b>Husband's/ partners' attitude as perceived by women</b>	<b>Men</b>	<b>Wife's/partne rs' attitude as perceived by men</b>
Approves	86.9	82.3	85.4	84.6
Disapproves	7.4	9.2	9.1	6.5
Don't know/ Not sure	5.6	8.5	5.5	8.9
<b>Total number of women</b>	<b>1791*</b>	<b>1791*</b>	<b>1058</b>	<b>751**</b>

\* Two women did not respond

\*\* It excludes those 307 men who were not using any family planning method at the time of survey, but they intended to use any family planning method in future.

#### **4.10 KNOWELDGE AND OPINIONS REGARDING THE STANDARD DAYS METHOD (SDM)**

The woman and man respondents who heard of the SDM were further asked the following questions to assess how much they knew about the SDM.

- i) What is the Standard Days Method? and How does it work ?
- ii) What woman can use the SDM?
- iii) How is the SDM used?

Respondents were also asked to give their opinions about the acceptability of the SDM. Questions included whether the method would meet their family planning needs and if not, why not; whether they planned to seek more information on the SDM; sources from where one can get information on the SDM; if they had discussed the SDM with anyone, etc. The information gathered on these topics is both analyzed and presented in this section.

Only 35 women out of 1793 covered under the survey (i.e. about 2 percent) and 18 men out of 1058 (i.e. 1.7 percent) had heard of the SDM. Out of these 35 women, 7 were from Burmu, 6 from Kanke and 22 were from Ormanjhi block. Among 18 men, 5 belonged to Burmu, 6 to Kanke and 7 to Ormanjhi block.



Table 4.15 provides answers to the questions asked from the respondents to assess their knowledge about the SDM and reveals that few women (35) and men (18) are aware of the SDM.

**Table 4.15: Knowledge of SDM (Number of respondents)**

Particulars	Women	Men
<b>Heard of SDM</b>	<b>35</b>	<b>18</b>
<b>What is the Standard Days Method? How does it work?</b>		
- It is a fertility awareness, rhythm, or “risky days” method	8	3
- It defines as fertile days 8-19 of the menstrual cycle or those of white beads	6	3
- It comes with a visual aid: a necklace	6	2
<b>What woman can use the Standard Days Method?</b>		
- Requires a regular menstrual cycle	7	3
- Requires a 26-32 day menstrual cycle	4	2
- Requires partner cooperation	5	2
<b>How is the Standard Days Method used?</b>		
- Requires abstinence or use of condom in the fertile days	5	3
- Requires keeping track daily	5	3
- Requires moving the black band to the red bead the day menstruation starts	6	3
- Requires marking the first day of menstruation on a calendar	4	3
- Requires moving the black band every day	7	2
- Requires always moving the black band in the same direction	6	3
- Requires checking with the calendar if one forgets to move the band	5	3

Less than 2 percent of the respondents (both women and men) in our sample had heard of the SDM; an additional 2 percent also reported hearing about the SDM after probing. Among these, a negligible number provided their opinion of the SDM, which can be seen from Table 4.16.

**Table 4.16: Opinion about the SDM (Number of respondents)**

<b>Particulars</b>	<b>Women</b>	<b>Men</b>
<b>Opinion of the SDM</b>		
- Easy for you to understand	9	2
- Easy for your partner to understand	5	2
- Simple to use	7	2
- Requires too much work	1	1
- Interferes with one's sexual life	2	1
- Effective if used correctly	7	2
- Affordable	1	1
- Easy to obtain	4	2
- Popular in your community	1	-
- Consistent with your religious beliefs	4	2
- Consistent with your moral principles	8	2
- Safe for your health	8	2
<b>Acceptability of the SDM</b>	3	2
<b>Acceptability by the spouse/partner</b>	5	2
<b>Whether the SDM will meet needs for a family planning method in the future</b>	4	1
<b>Whether the spouse approves if respondent decides to use the SDM</b>	3	1
<b>Whether planning to seek more information on the SDM</b>	6	2
<b>Persons who told about the SDM</b>		
- Friends/family members/neighbors	2	2
- Community health worker	7	-
- Others	4	-
<b>Source for getting information about the SDM</b>		
Television	2	-
Community health worker	5	1
Health clinic	2	-
Others	3	-
<b>Knowledge about source for getting the SDM (Yes)</b>	6	1
<b>Knowledge of places to get the SDM</b>		
- Govt. hospital	1	-
- Govt health centre	3	-
- Family planning clinic	2	-
- Health & family planning field worker	1	-
- Pvt. Hospital / clinic	1	-
- Friends/neighbors	1	1
<b>Ever discussed the SDM with anyone (Yes)</b>	3	1
<b>The person with whom discussed</b>		

- Husband	1	-
- Other relatives	2	-
- Friends/neighbors	1	1
- Others	1	-
<b>Whether knows anybody who is using the SDM or used (Yes)</b>	1	2

#### 4.11 KNOWLEDGE OF FERTILE DAYS

The SDM is based on correct identification of the fertile days during the menstrual cycle. Therefore, all of the male and female respondents were asked whether they knew which days during menstrual cycle a woman has a greater chance to become pregnant. Table 4.17 provides this information.

**Table 4.17: Knowledge of fertile days (%)**

<b>Knowledge</b>	<b>Women (N=1793)</b>	<b>Men (N=1058)</b>
Just before period begins	1.2	0.6
During period	2.1	2.0
Right after end of period	33.6	38.8
Half way between two periods	15.1	26.0
Others	0.1	0.9
No	28.1	18.4
Don't know	19.5	13.2

As many as 52 percent of the women and 69 percent of the men reported that they knew which days when a woman has a greater chance of becoming pregnant. Fifty-five percent of women reported knowledge of the fertile days in Burmu & Kanke, while 46 percent had awareness of them in Ormanjhi. The proportion of men having knowledge of these days varied between 61 percent in Ormanjhi and 76 percent in Kanke. These respondents were further asked to identify these days. Among the total respondents, only 15 percent of the women and 26 percent of the men stated that the days half way between two periods are such when a woman has greater chances to become pregnant. Thirty-four percent of women and 39 percent of men mentioned that the days right after end of menstruation are fertile days.

## **CHAPTER 5**

### **FAMILY PLANNING DIFFUSION**

#### **5.1 BACKGROUND**

Information was collected on whether any field worker visited the respondents to discuss family planning during the last 12 months and whether or not respondents discussed family planning during visits made to any health facility in the last year. Similarly, respondents were asked about their exposure to family planning messages on radio, television and newspapers/magazines in the last few months; discussion of family planning with friends, neighbors or relatives in the last few months; and frequency of discussion about family planning with spouse/partner in the past one year were gathered from the respondents. Their responses are presented in this chapter.

#### **5.2 VISITS IN THE LAST 12 MONTHS AND DISCUSSION ON FAMILY PLANNING**

Only 11 percent of respondents had been visited and discussed family planning in the past 12 months. No block differentials were found.

About 43 percent of women and 56 percent of men reported that they had visited a health facility during the past 12 months for their or their child's health care. Among these, 10 percent of women and 17 percent of men reported that they were told about family planning methods during their visit (Table 5.1). Significant block differentials were noticed. The proportion of the women who visited any health facility during the last 12 months varied from 39 percent in Burmu to 51 percent in Ormanjhi. Among them, about 12 percent in both Burmu and Kanke were told about family planning methods, whereas only 6 percent of the women reported receiving family planning information in Ormanjhi. Among men who had visited a health facility during the last 12 months, 12 percent reported discussing family planning in Kanke, while the proportion was 22 percent in Ormanjhi.

**Table 5.1: Field worker visits and discussion of family planning during the past year(%)**

<b>Particulars</b>	<b>Women</b>	<b>Men</b>
<b>Visited by any field worker and talked about family planning in the last 12 months</b>	<b>1793</b>	<b>1058</b>
- Yes	11.5	10.6
- No	88.5	89.4
<b>Visited any health facility for self or their child's health care in the last 12 months</b>	<b>1793</b>	<b>1058</b>
- Yes	43.2	55.9
- No	56.8	44.1
<b>Talked about family planning by any staff member</b>	<b>775</b>	<b>591</b>
- Yes	9.8	16.8
- No	90.2	83.2

### 5.3 EXPOSURE TO FAMILY PLANNING MESSAGES

For many years, the family welfare programme has been utilizing the services of mass media to promote family planning. In order to explore the spread of family planning messages through various mass media, respondents were asked whether they had heard about family planning on radio & TV or in a newspaper / magazine during the last few months. About 37 percent and 32 percent of the women had heard about family planning on radio and TV respectively, whereas 51 percent and 41 percent of the women had exposure to radio & TV respectively. Thus, quite a good number of women (72% in case of radio and 79% in case of TV) who had exposure to these mass media, had heard about family planning on radio and TV (Table 5.2).

Only about 19 percent of the literate women read about family planning in any newspaper/ magazine in the last few months, as compared to 38 percent of women who reported reading a newspaper/magazine. Among those who reported reading a newspaper/magazine, 50 percent read about family planning (Table 5.2).

Among men, about 55 percent and 40 percent heard any message on family planning during the last few months on radio and TV respectively, whereas 76 percent and 62 percent of the men respectively had exposure to these media. Thus, quite a good number of men who had exposure to these media heard about family planning (72% in case of radio and 64% in case of TV) (Table 5.2).

About 45 percent of the men had read about family planning in any newspaper/magazine during the last few months, while 74 percent reported reading a newspaper/magazine. Thus, about three-fifths of those who had access to newspaper/magazine had read about family planning (Table 5.2). The exposure to mass media was limited in the area but it played a greater role in spreading the messages of family planning among those who had exposure.

**Table 5.2: Percentage of respondents who heard about family planning via radio and television and print media**

Particulars	Women	Men
Heard on radio	36.5	54.7
Reported listening to radio	50.9	76.1
Heard on radio among those who were listening to it	71.7	71.9
Heard on TV	32.2	40.2
Reported watching TV	40.5	62.2
Heard on TV among those who were watching TV	79.4	64.3
Read in newspaper/magazine	19.1	44.5
Reported reading newspaper/magazine	37.9	74.0
Read in newspaper/magazine among those who reported reading	50.3	60.1

#### 5.4 DISCUSSION OF FAMILY PLANNING

All respondents were asked whether they had discussed the practice of family planning with their friends, neighbors or relatives in the last few months and if yes, with whom they had discussed it. The responses are listed in Table 5.3.

**Table 5.3: Discussion of family planning practice (%)**

Particulars	Women	Men
<b>Whether discussed</b>	<b>1793</b>	<b>1058</b>
Yes	31.4	25.0
No	68.5	75.0
<b>With whom discussed*</b>	<b>563</b>	<b>264</b>
Spouse/partner	75.8	33.7
Friends/neighbors	16.5	79.5
Sister / sister-in-law	9.8	0.8
Mother in law	8.7	-
Mother	1.6	0.4
Other (father, brother/brother-in-law, daughter, son)	6.9	5.7

\* Multiple responses

About one-third of the women and one-fourth of the men reported that they discussed family planning with their friends, neighbors or relatives during the last few months. Most of these

women (76%) discussed the topic with their husbands/partners, followed by those who discussed with friends/neighbors (17%). However, about 10 percent discussed family planning with their sister/sister-in-law and about 9 percent with their mother-in-law. In the case of men, most (80%) discussed family planning with friends/neighbors, followed by those who discussed with their wives/partners (34%).

## 5.5 COUPLE DISCUSSION OF FAMILY PLANNING

Specifically, all the respondents were asked how often they had talked about family planning with their spouse/partner in the past one year. Table 5.4 provides such information.

**Table 5.4: Percentage of respondents who talked about family planning with their spouses/partners**

Frequency of talking in the past one year	Women (N=1791)*	Men (N=751)**
Never	53.6	54.9
Once or twice	38.9	31.3
More often	7.5	13.8

\* Two women did not respond

\*\* It excludes those men (307) who were currently not using any family planning method but intended to use in future

The extent of such communication was low in the area. Overall, about 54 percent of the women and 55 percent of the men reported that they never talked on this topic with their spouses/partners at all in the past one year, while 39 percent of the women and 31 percent of the men talked once or twice. Only 8 percent of the women and 14 percent of the men talked about family planning more often with their spouses/partners in the past one year, with large differences across blocks.

From the above analysis, the following main findings have emerged:

- Dissemination of information on family planning in the area by field workers is very poor
- The exposure to mass media is found to be limited in the area but it played a greater role in spreading the knowledge of family planning among couples.
- Only about one-third of the sample women and one-fourth of the men reported that they had ever discussed about family planning with their friends/ neighbors/relatives. Among them, mostly women discussed family planning with their husbands, while men discussed the topic with their friends/neighbors.

- About 54 percent of the women and 55 percent of the men reported that they had not discussed family planning with their spouse during the last year. Thus, the extent of such communication is low in the area.



## CHAPTER 6

### MARRIAGE, SEXUAL ACTIVITY AND CONDOM USE

#### 6.1 BACKGROUND

Information on last sexual intercourse and condom use was gathered from all the respondents to assess correct and consistent use of condoms. Women's knowledge of sources of condoms has also been discussed in this chapter. The main reasons for condom use are also discussed here.

#### 6.2 MARRIAGE PATTERNS AND SEXUAL ACTIVITY AMONG MEN

Men were also asked about the number of wives they have, with whom they were living, including additional women with whom they have a romantic relationship and also live in the home, and whether they had any other regular or occasional sexual partners. Table 6.1 provides such information.

**Table 6.1: Number of wives and sexual partners (%)**

<b>Particulars</b>	<b>Men</b>
<b>No. of wives</b>	<b>1058</b>
1	97.0 (1026)
2	3.0 (32)
<b>No. of additional women living with as married partners</b>	<b>1058</b>
None	99.3 (1051)
1	0.4 (4)
2	0.3 (3)
<b>Other regular and occasional sexual partners</b>	<b>1058</b>
No other sexual partner	95.7 (1013)
Regular partners only	2.3 (24)
Occasional partner only	0.3 (3)
Regular and occasional partners	1.7 (18)

Note: Figures within parentheses indicate absolute numbers

Out of 1058 men interviewed, 3 percent had two wives at the time of survey. When asked whether they had additional female partners living in the home with their family, 7 men reported that they do. Some men had one additional partner living in their home, while others had two, additional women living with them.

All men were further asked whether they had any other, regular or occasional sexual partners apart from their wives and other women with whom they were living as married partners. About

96 percent of the men did not report additional sexual partners, while about 2 percent each reported regular partners and both regular & occasional partners; 3 men stated occasional partners only. The above analysis suggests that extramarital sexual relations may be relatively infrequent in the area; as only about 4 percent of the men reported such relations.

### 6.3 TIME OF LAST SEXUAL INTERCOURSE AND CONDOM USE

All the respondents were asked when they had their last intercourse with their spouses/partners.

Table 6.2 provides their responses.

**Table 6.2: Respondent's timing of their last intercourse**

Time of last intercourse	Women (N=1793)	Men (N=1058)
Days ago	65.9	48.9
Weeks ago	7.4	15.0
Months ago	18.8	24.1
Years ago	7.6	9.2
No response	0.3	2.8

Most (92 %) of women and 88 percent of men reported that their last intercourse had been either days, weeks or months ago. Only 8-9 percent reported their last intercourse as having been a few years ago, with no variation across blocks.

Those respondents, who reported that they recently had their last intercourse within the past few months, were further asked whether they had used a condom during their last intercourse. About 5 percent of women and 8 percent of men reported use of a condom, with little variation among blocks (Table 6.3).

**Table 6.3: Use of condom during last intercourse ( %)**

Use of condom	Women (N=1650)	Men (N=931)
Yes	4.8	7.5
No	95.2	92.5

### 6.4 CONDOM SOURCES - WOMEN

All the women were asked whether they knew where to obtain condoms. Table 6.4 provides such information.

Only one-fourth of the women reported that they where to obtain condoms, with no variation among blocks. These women were further asked to identify additional sources. Most women (47%) reported shops, followed by those who mentioned government health centers (26%), pharmacies (23%) and private hospitals / clinics (11%). However, about 14 percent stated that they could get condom from a field worker in the public sector. About 46 percent of the women knew at least one public source, while 56 percent were aware of at least one private source. Wide variations were observed across blocks.

**Table 6.4: Sources for obtaining condom – Women (%)**

<b>Whether knew the place(s) from where can obtain condom</b>	<b>1793</b>
Yes	25.0
No	75.0
<b>Knowledge about place(s)*</b>	<b>420**</b>
<b>Public sector</b>	
Govt. health center	25.5
Family planning clinic	3.1
Mobile clinic	0.7
Field worker	14.3
Other public health facility	6.4
<b>Any public source</b>	<b>46.2</b>
<b>Private medical sector</b>	
Private hospital/clinic	11.4
Pharmacy	22.9
Private doctor	5.0
Mobile clinic	0.2
Field worker	3.3
Other private medical facility	24.3
<b>Any private source</b>	<b>55.6</b>
<b>Others</b>	
Shop	46.7
Friends/relatives	1.0
Others	1.2
<b>Any other source</b>	<b>46.7</b>
<b>Whether felt comfortable in getting condom</b>	<b>448</b>
Yes	37.1
No	54.7
Don't know/can't say	8.3
<b>Whether could get a condom</b>	<b>1793</b>
Yes	14.6
No	69.0
Don't know/can't say	16.3

\* Multiple responses

\*\* Twenty eight women did not respond to this question

These women were further asked whether they would feel comfortable obtaining condoms. About 37 percent of the women affirmatively said they would. The proportion of such women varied between 33 percent in Ormanjhi and 41 percent in Kanke.

When asked whether they themselves could get a condom if they so desired, only 15 percent of the women replied affirmatively.

## 6.5 REASONS FOR USING CONDOMS – MEN

All of the men, who reported condom use during their last intercourse (70), were asked the reason for using a condom. About 89 percent used a condom to prevent pregnancy, while about 9 percent used it for combined STD/HIV and pregnancy prevention (Table 6.5).

**Table 6.5: Main reason for using a condom during intercourse - Men**

Main reason	Men (N=70)
Wanted to prevent pregnancy	88.6
Wanted to prevent both STD/HIV and pregnancy	11.4

## 6.6 KNOWLEDGE OF CONDOMS - MEN

All male respondents were asked a series of questions to assess their condom knowledge. Table 6.6 provides their responses.

**Table 6.6: Men's knowledge about condoms (%)**

Statement	Men			
	Agree	Disagree	Don't know/ Can't say	Total respondents
Condom use diminishes a man's sexual pleasure	16.8	33.1	50.1	1056
A condom is very inconvenient to use	13.5	37.5	49.0	1055
A condom can be re-used	7.6	58.0	34.4	1055
A condom protects against disease	65.9	3.4	30.7	1055
Buying condoms is embarrassing	23.5	45.0	31.5	1055
A woman has no right to ask a man to use a condom	29.3	37.8	32.9	1055

About 17 percent of the men agreed that “condom use diminishes a man’s sexual pleasure”. However, one-half were unable to answer the question. Only about 14 percent of the men agreed that “condoms are very inconvenient to use.”

Regarding re-use of condom, about 8 percent of the men stated that condoms can be re-used, while 58 percent acknowledged that condoms cannot be reused and 34 percent were unsure.

Around two-thirds of the men reported that, “condom use protects against disease”. However, one-third of these men were unsure of this. About one-fourth of the men expressed that ‘buying condoms is embarrassing’, while 29 percent believe, “a woman has no right to ask her husband/partner to use a condom”.

## **CHAPTER 7**

### **GENDER ROLES**

#### **7.1 BACKGROUND**

Men and women were asked a number of questions related to household chores, sexual activities, family planning and desired family size to assess their views of which partner has the greater say in such matters; the husband, the wife or both equally. Their responses are presented in this section.

#### **7.2 HOUSEHOLD CHORES**

More than three-fifths of the women (61.3%) and 70 percent of the men reported that both the wife and the husband have equal say in making large household purchases, while 32 percent of the women and 23 percent of the men were of this opinion that the husband has a greater say in such purchases (Table 7.1).

With regard to making small daily household purchases, 63 percent of the women felt that they have the greater say and 18 percent expressed that both the husband and wife have equal say and only 17 percent felt that the husband has a greater say. Among men, one-third were of the opinion that both wife and husband have equal say, 35 percent were in favour of wife and 29 percent felt that husband have the greater say in such purchasing (Table 7.1).

In deciding when to visit family, friends or relatives, about two-thirds of both women and men felt that both the husband and wife have equal say and one-fourth of the women and 30 percent of the men were of the opinion that husbands have a greater role in making this decision (Table 7.1).

Respondents were asked to state who has the greater say in deciding what to do with the money earned by wives. As many as 72 percent of the women and 67 percent of the men felt that both the husband and wife have equal say, while 16 percent of the women and 21 percent of the men stated that husbands have greater say in such matters (Table 7.1).

**Table 7.1: Household chores and who has the greater say (%)**

Household chores	Who has the greater say				
	Husband	Wife	Both equally	Don't know/ Can't say	Total respondents
<b>Women</b>					
- Making large household purchases	32.0	5.2	61.3	1.6	1791
- Making small daily household purchases	17.3	63.3	18.3	1.2	1791
- Deciding when to visit family, friends or relatives	25.3	5.5	67.4	1.7	1790
- Deciding what to do with the money the wife earns for her work	15.7	8.8	72.0	3.5	1776
<b>Men</b>					
- Making large household purchases	23.2	6.0	70.4	0.5	1056
- Making small daily household purchases	28.5	34.9	33.1	3.4	1056
- Deciding when to visit family, friends or relatives	29.5	3.8	66.0	0.8	1056
- Deciding what to do with the money the wife earns for her work	20.9	9.8	66.8	2.5	1042

Sometimes a husband is annoyed or angered by things that his wife/partner does. So, all respondents were asked whether the husband's action is justified in hitting or beating his wife in certain situations. Table 7.2 provides such data.

**Table 7.2: Respondent's views regarding appropriateness of spousal abuse (%)**

Situations	Women				Men			
	Yes	No	Don't know/ Can't say	Total respondents	Yes	No	Don't know/ Can't say	Total respondents
If she goes out without telling her husband	37.2	62.5	0.4	1790	24.5	75.1	0.4	1056
If she neglects children	41.7	57.7	0.6	1790	30.4	69.1	0.5	1056
If she argues with her husband	48.1	51.4	0.5	1789	30.7	68.7	0.6	1055
If she refuses to have sex with her husband	23.8	74.7	1.5	1789	11.2	87.6	1.2	1056
If she burns the food	31.5	68.2	0.3	1790	17.0	82.4	0.6	1056

About 63 percent of the women and three-fourths of the men felt that husbands are not justified in hitting or beating their wives, if their wives go out without telling the husbands. About 42 percent of the women and 30 percent of the men felt that the husbands would be justified in this action if their wives neglect their children. About 51 percent of the women and 69 percent of the men felt that hitting or beating wives is not justified even if their wives argue with them.

Most respondents (75% women and 88% men) felt that their wives are not justified if wives refuse to have sex with them. A similar (68 %) percentage of women and men (82%) believed that hitting or beating their wives is not justified even if their wives burn food. It is very interesting that significantly more men than women felt that the action of husbands in hitting or beating their wives is not justified in the situations discussed above.

### 7.3 FINANCIAL DECISION-MAKING

All respondents who reported earnings in cash were further asked who mainly decides (wife, husband, both or any family member) how to use money earned by them. Their responses are given in Table 7.3.

**Table 7.3: Decision-making by respondents regarding use of money earned (%)**

Main decision maker	Women	Men
Respondent	15.7	40.9
Spouse/partner	16.1	6.0
Both jointly	65.4	45.1
Some one else	1.1	6.2
Respondent and some one else jointly	1.7	1.8
<b>Total earning respondents who were paid in cash</b>	<b>957*</b>	<b>856</b>

\* Three women did not respond

About two-thirds of the women and 45 percent of the men reported that both husbands and wives jointly decide how to utilize the money earned by them. However, 41 percent of the men expressed that they mainly decide about it, while only 16 percent of the women said so. This shows that men have the greater say in deciding how the money earned by them or their wives will be utilized.



## 7.4 WOMEN'S ANTONOMY REGARDING SEX

Both women and men were asked whether wife is justified in refusing to have sex with their husbands in certain situations. Table 7.4 provides their responses.

**Table 7.4: Respondent's views on acceptability of wife's refusal of sex (%)**

Situations	Women				Men			
	Yes	No	Don't know/ Can't say	Total respondents	Yes	No	Don't know/ Can't say	Total respondents
She is tired and not in the mood	79.5	20.1	0.4	1788	90.7	8.7	0.6	1055
She has recently given birth	78.0	21.2	0.8	1787	89.0	10.2	0.8	1054
She knows her husband has sex with other women	68.5	29.9	1.6	1786	87.7	10.8	1.5	1056
She knows her husband has a sexually transmitted disease	74.5	21.5	4.1	1790	89.0	7.6	3.4	1056
She is on her fertility days	72.3	20.9	6.9	1788	86.5	10.4	3.0	1055

A vast majority of respondents (80% women and 91% men) were of this view that wife is justified in refusing to have sex with her husband if she is tired and not in a mood to have sex. Similarly, 78 percent of the women and 89 percent of the men felt that wife has the right to refuse to have sex with her husband, if she has recently delivered a baby. If wife knows that her husband has sex with some other woman, 69 percent of the women and 88 percent of the men expressed that she has every right to refuse to have sex with her husband. Around three-fourths of the women and 89 percent of the men felt that the wife is justified in refusing to have sex with her husband if she knows that her husband has a sexually transmitted disease.

The wife has every right to refuse to have sex with her husband as reported by majority of respondents (72% women and 87% men) if she is on the fertile days of her menstrual cycle, i.e. the days when she has greater chance to become pregnant. To sum up, significantly more men than women expressed that the wife has every right to refuse to have sex with her husband if “she is tired and not in a mood to have sex”, “has recently delivered a baby”, “knows that her husband has sex with other women”, “knows her husband has a sexually transmitted disease” and “she is on her fertile days”.

Specifically, both women and men in our sample were asked whether the wife is justified in asking her husband to use condom during intercourse if she knows that her husband has sexually transmitted disease. About 61 percent of the women and 80 percent of the men felt that she is justified in asking her husband to use condom in such a situation. However, many respondents (29% of women and 15% of men) also reported that they do not know whether the wife is justified in refusing to have sex with her husband under certain situations (Table 7.4).

**Table 7.5: Wife's justification in asking her husband to use a condom when he has a known STD (%)**

Whether justified	Women	Men
Yes	61.4	80.2
No	9.5	5.1
Don't know/Can't say	29.1	14.7
<b>Total respondents</b>	<b>1791*</b>	<b>1056*</b>

\* Two women and two men did not respond

Views of respondents were sought on whether the husband has the right to do certain things if his wife refuses to have sex with him. Their responses are listed out in Table 7.6.

**Table 7.6: Respondent's views on husband's appropriate actions if refused sex by wife (%)**

Right to do the following	Women				Men			
	Yes	No	Don't know/ Can't say	Total respondents	Yes	No	Don't know/ Can't say	Total respondents
Get angry and reprimand the wife	37.7	61.8	0.6	1789	17.8	81.3	0.9	1056
Refuse to give money or other means of financial support to the wife	19.8	79.0	1.2	1789	6.2	93.1	0.8	1056
Use force and have sex with her even if she does not want to have sex	27.7	70.4	1.9	1789	4.7	93.7	1.6	1056
Go and have sex with another woman	12.9	85.9	1.2	1789	4.2	93.8	2.0	1054

About 62 percent of the women and 81 percent of the men were of the opinion that the husband has no right to get angry and reprimand his wife if she refuses to have sex with him. A vast majority of respondents (79% women and 93% men) felt that the husband has no right to withhold money or other, financial support to his wife if she refuses to have sex. Similarly, 70

percent of the women and 94 percent of the men stated that the husband has no right to use force his wife to have sex, even if she is not interested to have sex.

As high as 86 percent of the women, and 94 percent of the men, feel that the husband has no right to have sex with another woman if his wife refuses to have sex with him. Here also, a significantly higher number of men than their female counterparts felt that the husband has no right to do the above things in case his wife refuses to have sex with him.

## 7.5 DECISION-MAKING

All the respondents (both women and men) who were using a family planning method, were asked who mainly decided about its use (wife, husband, jointly or other family members). Table 7.7 provides their responses.

**Table 7.7: Main decision maker in use of current family planning method (%)**

Main person	Women	Men
Self	13.9	9.6
Husband/partner	15.3	11.3
Joint (wife & husband/partner)	70.1	74.3
Any other family member	0.6	4.8
Others	0.2	-
<b>Total current users</b>	<b>1015</b>	<b>622</b>

In most cases (70% for women and 74% for men) both wife and husband jointly decided on the use of the current family planning method.

## 7.6 DECISION-MAKING REGARDING FAMILY SIZE AND TIMING

When asked who has a greater say in deciding the number of children a couple should have and when to have them, 88 percent of the women and 83 percent of the men felt that both husband and wife have equal say in deciding about it (Table 7.8).

**Table 7.8: Decision-making regarding family size and timing (%)**

Who has the greater say	Women	Men
Husband	7.0	13.6
Wife	3.4	2.6
Both equally	87.6	83.2
Don't know/ can't say	2.0	0.6
<b>Total respondents</b>	<b>1791*</b>	<b>1056*</b>

\* Two women and two men did not respond

## CHAPTER 8

### KNOWLEDGE OF HIV/AIDS

#### 8.1 BACKGROUND

The RCH program emphasizes promoting and encouraging healthy sexual behavior among couples through various Information, Education and Communication (IEC) activities. Efforts were made to collect information from men on HIV/AIDS awareness and preventive measures to avoid becoming infected with the virus. All these aspects have been discussed in this chapter.

#### 8.2 HIV/AIDS KNOWLEDGE

All the male respondents in our survey were asked whether they had heard of an illness called AIDS. Table 6.1 provides such data. About 59 percent of the men heard of AIDS, with wide variation among blocks ranging from 54 percent in Burmu to 67 percent in Kanke.

**Table 8.1: HIV/AIDS Knowledge (%)**

<b>Heard of an illness called AIDS</b>	<b>Men</b>
Yes	59.1
No	40.9
<b>Total men interviewed</b>	<b>1058</b>

#### 8.3 KNOWLEDGE OF PREVENTIVE MEASURES

Men who reported knowledge of AIDS were further asked whether they knew that a person can do something to avoid getting AIDS. About 78 percent of the men reported that a person can do something to avoid getting AIDS (Table 8.2), with wide variation across blocks varying from 72 percent in Burmu to 83 percent in Ormanjhi.

**Table 8.2: Knowledge of how to avoid getting HIV/AIDS (%)**

<b>Knowledge to avoid getting AIDS</b>	<b>Men</b>
Yes	77.8
No	10.1
Don't know	12.2
<b>Total men who had heard of AIDS</b>	<b>625</b>

Those men (486) who reported knowledge of how to avoid becoming infected with the AIDS virus, were further asked about the preventative measures to avoid getting the virus. Their responses are listed in Table 8.3. About 70 percent of the men reported that a person can avoid getting AIDS by using condom during sexual intercourse. Other measures reported by the respondents were: “avoid sex with prostitutes” (41%), “abstain from sex” (28%), “limit sex to one partner/stay faithful to one partner” (21%), “avoid injections” (18%), “limit number of sexual partners” (17%), ‘avoid sharing razors/blades” (10%) and “avoid sex with persons who have many partners” (10%), with large variations among blocks. Avoiding sex with sex workers as a preventive measure was reported by about 50 percent of the men in Burmu, whereas the proportion of such men was only 35 percent in Kanke. Similarly, while ‘limit sex to one partner’ was mentioned by 29 percent of the men in Burmu block, only 11 percent reported so in Ormanjhi.

**Table 8.3: Measures/ways to avoid getting HIV/AIDS (%)**

<b>Knowledge of preventive measures*</b>	<b>Men (N=491)</b>
Abstain from sex	27.8
Use of condoms	69.5
Limit sex to one partner/stay faithful to one partner	20.6
Limit number of sexual partners	17.1
Avoid sex with prostitutes	40.7
Avoid sex with persons who have many partners	9.7
Avoid sex with persons who inject drugs intravenously	1.6
Avoid sex with homosexuals	1.2
Avoid blood transfusions	14.6
Avoid injections	18.1
Avoid sharing razor/blade	10.3
Avoid kissing	1.0
Seek protection from traditional practitioner	2.1
Others	0.4
Don't know	0.2

\* Multiple responses

All of the men who had heard of AIDS were asked whether people can reduce their chances of getting the AIDS virus by having just one sexual partner who is not infected and has no other partners. Table 8.4 provides their responses. About 86 percent of them believe that a person can reduce their chance of getting AIDS by having only one sexual partner who is not infected and has no other partners, with no significant variations across blocks.

**Table 8.4: Reduce chance of getting AIDS virus by having just one sex partner**

<b>Lesser chances</b>	<b>% of Men</b>
Yes	85.5
No	12.7
Don't know	1.9
<b>Total men who had heard of AIDS</b>	<b>482*</b>

\* Four men did not respond

To sum up, the knowledge of AIDS is fairly good among men in the area, as 59 percent had heard about it and almost all of them (except one) mentioned at least one preventive measure. Further, it is very encouraging that about 70 percent of men identified condoms as a preventive measure and 86 percent state that the risk of becoming infected with the AIDS virus can be reduced by having just one sexual partner.